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COVER LETTER

TO:		stration Secti sion of Corpo			
CHD IDA		12411-80 Inve	estments LLC		
SUBJE	C1; _			d Liability Company	
The encl	losed .	Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please re	eturn a	all correspond	ence concerning this matter to	the following:	
			Carlos Lata		
				Name of Person	· · · · · · · · · · · · · · · · · · ·
			12411-80 Investments LLC		
				Firm/Company	
			59 Ackerman Street		
				Address	
			Staten Island NY 10308		
				City/State and Zip Code	12 2
			clata1010@gmail.com		
			E-mail address: (to	be used for future annual report notifica	tion)
For furth	ner inf	formation con-	cerning this matter, please call		
Carlos L	_ata	<u> </u>		at () Area Code Daytime Te	·
		Name of P	erson	Area Code Daytime Te	elephone Number
Enclosed	disa (check for the	following amount:		
a \$ 25.	.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12411-80 Investments LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our record liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 5/5/17	and assigned
Florida document number L17000100572		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C." • "\
Enter new principal offices address, if applicable:		7. 2
(Principal office address MUST BE A STREET ADDRESS)		
	,	H O
Enter new mailing address, if applicable:	~/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · ·
B. If amending the registered agent and/or registered of	See address on our record	s anton the name of the new
b. It amending the registered agent and/or registered of registered of registered of registered of registered of the new registered office address here		s, enter the hame of the new
	·	
Name of New Registered Agent:		
New Registered Office Address:	(
THE TREBUSE OF THE FRANCES.	Enter Florida street addres	SS
	, FI	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
OFC	Pico Montalvan, Lupe M	59 Ackerman Street	
		Staten Island NY 10308	≅ Remove
			Change
			Remove
			□ Add □ □ Remove
			Change
			□ Remove
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Effective date, if othe	r than the date of fili	ino:	(ont	ional)
If an effective date is listed,	the date must be specific to d in this block does no	and cannot be prior to date of file at meet the applicable statuto	ing or more than 90 days afte	r filing.) Pursuant to 605.0207
he record specifies The 90th day afte	a delayed effective r the record is file	e date, but not an effec d.	ctive time, at 12:01	a.m. on the earlier of
Dated		2017		
	· · · · · · · · · · · · · · · · · · ·	_ , ·		

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Typed or printed name of signee

Filing Fee: \$25.00