## L17000105461

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S. WARREN
'JUL 0 5 2017

## **COVER LETTER**

	registration So Division of Con			
SUBJECT		INVESTMENTS LLC		
	·	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		JASON S BAKER		
			Name of Person	
		80 WEST INVESTMENT	S LLC	
			Firm/Company	<del></del>
		1683 NE 25TH TERRACI	ij	
			Address	
		JENSEN BEACH, FL 349	57	
			City/State and Zip Code	<del></del>
		surfbaker@gmail.com		
		E-mail address: (	to be used for future annual report notific	ation)
For further	information c	oncerning this matter, please ca	all:	
JASON S	BAKER		808 212-6100 at ()	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is	s a check for th	ne following amount:		
\$25,00	Filing Fee	■ \$30.00 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: 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

(Name of the Limited Liability Co	empany as it now appears on our rec ited Liability Company)	urdș,)
(A Florida Lam	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number 1.47000105461	pany were filed on 05/11/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		Florida
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	

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 to be 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>	<u>Name</u>	Address	Type of Action
MGR	JASON S BAKER	1683 NE 25TH TERRACE	<b></b> Add
		JENSEN BEACH, FL 34957	□ Remove
		·	Change
MGR	RINA S BAKER	1683 NE 25TH TERRACE	
		JENSEN BEACH, FL 34957	<b></b> 0
			■ Change
			Remove
			Change
	***************************************		D Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Change

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fective date, if other than the date of filing:  (optional)  (optional)  (effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing at Pursuant to 60;  (extended the date must be specific and cannot be prior to date of filing requirements, this date will not be list cument's effective date on the Department of State's records.  (record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling the 90th day after the record is filed.  (a)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d				
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Signature of a member or authorized representative of a member  Rivar Daker  Typed or printed name of signee				
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Typed or printed name of signee		Rina Haker		<u> </u>
er e			Typed or printed name of signee	
			Page 3 of 3	<del></del> /

Filing Fee: \$25.00