

U7000151591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

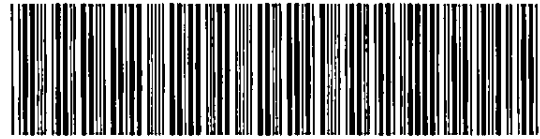
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700303300577

09/06/17--01018--010 **30.00

FILED
17 SEP -5 PM 1:46
SEP 7 2017

D SCOTT
SEP 7 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLORIDA INVESTMENTS 2017...LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXIS GARCIA
Name of Person

FLORIDA INVESTMENTS 2017...LLC
Firm/Company

2023 SE 28th TERRACE
Address

CAPE CORAL, FLORIDA 33904
City/State and Zip Code

CHELSEYPLANSPROCESSING@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIS GARCIAS at 305 586-9409
Name of Person Area Code Daytime Telephone Number

17 SEP -5 PM 1:45
11111

Enclosed is a check for the 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**

FLORIDA INVESTMENT'S 2017...LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/14/2017 and assigned Florida document number L17000151591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name/of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

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.

N/A
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>	<u>Address</u>	<u>Type of Action</u>
P	ARTURO R GARCIA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		ARTURO R GARCIA	<input checked="" type="checkbox"/> Change
VP	ALEXIS GARCIA	ALEXIS GARCIA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ON TITLE: PRESIDENT NEED TO BE CORRECTED (ARTURO R GARCIA SR) REMOVE (SR)

ON TITLE: VICE PRESIDENT NEED TO BE CORRECTED GARCIA ALEXIS SR TO (ALEXIS GARCIA) RI

ON REGISTER AGENT: BELKIS LEDESMA MRS NEED TO BE CORRECTED TO (BELKIS LEDEMA) RE

AMENMENT ON FLORIDA INVESTMENTS 2017...LLC

CORRECTIONS:

PRESIDENT: ARTURO R GARCIA

VICE PRESIDENT: ALEXIS GARCIA

REGISTER AGENT: BELKIS LEDESMA

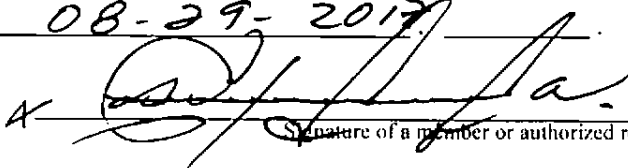
E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08-29-2017



Signature of a member or authorized representative of a member

ALEXIS GARCIA

Typed or printed name of signee