

L17000162927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

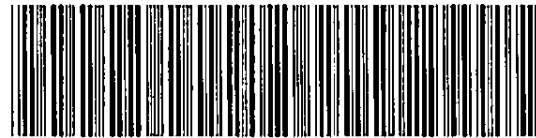
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 PI INVESTMENTS, 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:

Luis Javier Marciano

Name of Person

Firm/Company

16060 S Post RD Apartment 104

Address

Weston, FL. 33331

City/State and Zip Code

luism_9144@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Javier Marciano Giron

954

2350282

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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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>
MGR	Yoselin Ching Falcon	16060 S Post Rd. Apt 104	<input type="checkbox"/> Add
		Weston, FL. 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Javier Marciano	1537 Barcelona Way	<input checked="" type="checkbox"/> Add
		Weston, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated September 21, 2017

Typed or printed name of signee