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## **COVER LETTER**

SUBJECT:	56+ INVESTMENT GROU	IP. LLC			
SUBJECT.	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	π	JAN CARLOS ALARCON			
	56÷ 11	Name of Person	<u> </u>		
	Firm/Company 175 SW 7TH ST, SUITE 1410				
		Address MIAMI, FL 33130			
	JUANG	City/State and Zip Code CALARCON@HOTMAIL.COM		2019 JAN 30	ensi pie
	E-mail address: (	to be used for future annual report notification	ation)	A A A A A A A A A A A A A A A A A A A	ا هنتين
For further information c	concerning this matter, please ca	all:		30	
JUAN CARLOS ALAR	CON	786 2456950		3	ار عدد ار عدد
Name o	f Person		Telephone Number		<b>t</b> , ,,
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	Status & by	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

56+ INVESTMENT GRO	UP, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed	on08/07/2017	and assigned
Florida document numberL17000169991		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
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:	· <u>- · · · · · · · · · · · · · · · · · ·</u>	
(Principal office address MUST BE A STREET ADDRESS)		
		(
		- 30 P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2.
		2017
<del></del>		कृत का
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
En	ter Florida street address	
-	Florida _	
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## 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSE LUIS SAGARRIBAY	DSE LUIS SAGARRIBAY 175 SW 7th ST, SUITE 1410 MIAMI FL,33130	
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ffective date, if other an effective date is listed	r than the date of	filing:	e prior to date o	filing or more tha	option (option	al) ing ) Pursuant to (	605 0207
<u>Cote:</u> If the date insert	ed in this block does	not méet the	applicable stat	utory filing requ	irements, this d	ate will not be I	isted as
ocument's effective da	ite on the Departmer	it of State's re	cords.				
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e record specifies The 90th day afte			ut not an ei	rective time,	at 12:01 a.r	n. on the ear	riier oi:
Dated		2019					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00