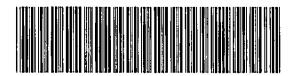
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COVER LETTER

	egistration Section ivision of Corporations
SUBJEC	: NORTH WOOD INV GROUP LLC Name of Limited Liability Company
The enclo	ed Articles of Amendment and fee(s) are submitted for filing.
Please re	rn all correspondence concerning this matter to the following:
	JOSE LUIS RUEPD III Name of Person
	Firm/Company
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:
	·
	E-mail address: (to be used for future annual report notification)
For furth	information concerning this matter, please call:
70	Name of Person at (305) 801 S 446 Area Code Daytime Telephone Number
	Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

NOTETH WOOD INV			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>£17904</u> 83392		28/2017	and assigned
This amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designati	on "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist		[(,
registered agent and/or the new registered office add			ъ. Ср
Name of New Registered Agent:		<u>. </u>	
New Registered Office Address:		d office address on our records, enter the name of the new here: Enter Florida street address Florida	
	et address		
		, Florida	Zip Code
	City	•	Ap 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 Type of Action Address Title Name MGR GERHAND S MASCIO 3310 MERIDIAN WAY S DAD PALM BEACH GARDENS __ Remove FL 33410 Change MGR GERHAND I MASCIO

(THE MIDDLE INITIAL WAS
INCORRECT AT TIME OF ☐ Remove FILLING) □ Remove ☐ Change (., □ Remove ☐ Change ☐ Add ☐ Remove Change □ Add □ Remove ☐ Change

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Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	of filing or more than 90 days after filing:	g.) Purs	
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m.	on t	he earlier o
Dated 9/20/17			
Signature of a member or authorized to	AMO	<i></i>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00