## 117000118391

(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:
Jenou - file as col
Jenota - file as ch whole- Some day entity senstated.
Office Use Only



100319386801

10/16/18--01013--003 \*\*25.00

RECEIVED OCT 1 5 2018

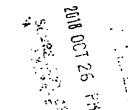
M. MILLIGAN
OCT 29 2018

## **COVER LETTER**

		OO . ER BEITER	
TO: Registration Division of	on Section Corporations		
SUDIECT.	INVESTMENTS R-V-	E, LLC	
3000261:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
	espondence concerning this matte		
	ANTONIO GONZALEZ		
	<del></del>	Name of Person	
	GONZALEZ & ASSOCI	ATES PA INC	
		Firm/Company	<del></del>
	1820 N CORPORATE LA	AKES BLVD STE 204	
	WESTON, FL 33326	Address	
	AGONZALEZ@AMEFIN	City/State and Zip Code ANCIALGROUP COM	
		to be used for future annual report no	tification)
For further information	on concerning this matter, please c	all:	
ANTONIO GONZ	ALEZ	954 773-7286	
Nar	ne of Person	at ()	ne Telephone Number
Enclosed is a check for	or 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)
Reg Div P.O	AILING ADDRESS: distration Section dision of Corporations Box 6327 dahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



li di						
(Name of the Lin	19 19 19 19 19 19 19 19 19 19 19 19 19 1					
The Articles of Organization for this Limited Liability Company were filed on11/03/2017			and assigned			
Florida document number L17000228391	<del></del> .					
This amendment is submitted to amend the fo	llowing:					
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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appl	icable:	N/A				
Principal office address MUST BE A STRE	ET ADDRES.	S)				
		N/A	<u>_</u>			
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE	E BOX)					
B. If amending the registered agent and	l/or registere	d office address on our records, ente	er the name of the n			
egistered agent and/or the new registered (	office address	here:	a the name of the fi			
Name of New Days and A	N/A					
Name of New Registered Agent:						
New Registered Office Address:	N/A					
		Enter Florida street address				
		, 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.

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
MGR	YAJAIRA PEREZ	301 BONAVENTURA BLVD #16	□ Add
		WESTON, FLO 33326	
			■ Remove
			☐ Change
			Remove
			□ Change
			Remove
			Change
<del></del>			□ Add
		<del></del>	□ Remove
			Change
			D Add
			Remove
			Change
			Remove
			□ Change

•	ending any other info N/A	, manyin, enter en	ange(s) here. (2	шист ишитопит,	sneets, tj necessary	<i>'</i> .)		
		<del></del>	<del></del>	<del>-</del>			_	
			<del></del>		<del></del>	<del></del>	_	
,			<u> </u>		<u> </u>		-	
							_	
-					<del></del>		-	
-					<del></del>		_	
-					<del></del> .		_	
_								
_				<del></del>			-	
							-	
-				<del></del>			-	
-				<del></del>	<del> </del>		-	
-							-	
-					••	<del></del>	-	
_			<u>-</u>	<u> </u>			_	
_		<u>.</u>	<del></del>					
_							-	
							•	
ocum	ive date, if other than ective date is listed, the date of the date on the ent's effective date on the cord specifies a delay 90th day after the r	e Department of Sta	et the applicable s ite's records.	tatutory Hing requ	irements, this date w	vill not be list	ed as th	
		ecora is mea.	2010					
ated _	SEPTEMBER 26	· (1.5)	2018					
							~3	
		Signature of a me	mber or authorized i	representative of a mo	ember	<u> </u>	2018 OCT	
		EDGAR ALVAR	REZ			######################################	1.00	
		T;	yped or printed name	e of signee	<del></del>	- <u> </u>	26	
							24 40	
			Page 3 of	3		in the second se	753	

Filing Fee: \$25.00