## L170002355994

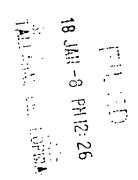
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## **COVER LETTER**

Division of Co				
SUBJECT:	ESTMENT, LLC	·	·····	
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	GONZALEZ ORTIZ, MA	RIA A		
		Name of Person		
	2007 INVESTMENT, LLC	2		
		Firm/Company		
	15127 MOULTRIE POIN	TE RD		
	Address			
	ORLANDO, FL 32828			
		City/State and Zip Code		
	VEMAGO2@HOTMAIL.C		,	
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
MARIA A. GONZALE	Z ORTIZ	407 545-9060 at ( )		
Name	of Person	Area Code Daytimo	e 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)	
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2007 INVESTMENT, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on 12/15/2017	and assigned
Florida document number L17000255994	<del></del> .	- 10 m
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
and married		rida
	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>	Name	Address	Type of Action
MGR	MARIA A. GONZALEZ ORTIZ	15127 MOULTRIE POINTE RD	<b>≅</b> Add
		ORLANDO, FLORIDA 32828	□ Remove
			☐ Change
			Add
			Change
			Add F
			□ Change
		<del></del>	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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		4	□ Remove
			Change

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	01/02/2019
ctive date, if other than the date of filing:	01/02/2018 (optional) nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meetiment's effective date on the Department of Stat	et the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective dat ne 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier
JANUARY, 2	2018
ou	·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00