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COVER LETTER

Divi	ision of Cor	porations			
SUBJECT:	FERGUWI	TZ INVESTMENTS, LLC			
500,000		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MARIO FERGUSON			
			Name of Person		
		FERGUWITZ INVESTM	ENTS, LLC		
			Firm/Company		
		26122 SW 133 PLACE			
			Address		
		MIAMI, FL 33032			
			City/State and Zip Code		
		INFO@FERGUWITZINVI	ESTMENTS.COM		
		E-mail address: (to be used for future annual report	notification)	
For further in:	formation co	ncerning this matter, please ca	all:		
MARIO FER	GUSON		786 200-4132 at ()	2	
	Name of	Person		time Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	[] \$30.00 Filing Fee & Certificate of Status	Cit \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FERGUWITZ INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Piorida Limited Liability Con	ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L18000005162	on 01/05/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	-
Ente	r Florida street address
	, Florida
City	, Florida
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 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>	Address	Type of Action
AMBR	FERGUSON, ROCHELLE	26122 SW 133 PLACE MIAMI, FL 33032	
			_
MGR	FERGUSON, ROCHELLE	26122 SW 133 PLACE MIAMI, FL 33032	3
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Note: 1	JANUARY 6, 2020 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Jated _	ANUARY 6 2020
	Signature of a member or authorized representative of a member
	in an Armit