

418000026164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

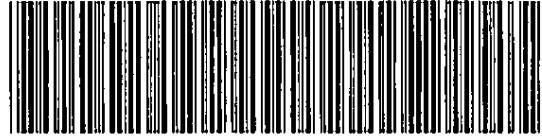
(Business Entity Name)

(Document Number)

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2018 NOV 30 PM 4:47
CLERK OF SUPERIOR COURT
ALABAMA

Amend

DEC 05 2018
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1015 INVESTMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART BARONOFSKY
Name of Person

1015 INVESTMENTS, LLC
Firm/Company

1373 OLYMPIC CLUB BLVD
Address

CITAMPIONS GATE, FL. 33896
City/State and Zip Code

SBARONOFF@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART BARONOFSKY at (631) 834-0676
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

1015 INVESTMENTS, LLC

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

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2018 NOV 30 PM 4:47
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/29/2018 and assigned
Florida document number L18000026164

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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:

(Principal office address MUST BE A STREET ADDRESS)

1373 OLYMPIC CLUB BLVD

CHAMPIONS GATE, FL. 33896

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1373 OLYMPIC CLUB BLVD,

CHAMPIONS GATE, FL. 33896

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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>	<u>Type of Action</u>
MGR	STUART BARONDOFSKY	1373 OLYMPIC CLUB BLVD	<input type="checkbox"/> Add
		CHAMPIONS GATE, FL	<input type="checkbox"/> Remove
		33896	<input checked="" type="checkbox"/> Change
AMBR	CAROL BARONDOFSKY	1373 OLYMPIC CLUB BLVD	<input type="checkbox"/> Add
		CHAMPIONS GATE, FL	<input type="checkbox"/> Remove
		33896	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 27 . 2018


Signature of a member or authorized representative

STUART BARONOFFSKY

Typed or printed name of signee