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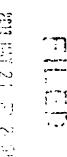
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COVER LETTER

ON IN AN OW	WIGWAM	I INVESTMENT LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		ROBERT JOHANNES			
			Name of Person		
		WIGWAM INVESTMEN	T LLC		
			Firm/Company		
		11326TAFT ST			
			Address		
		PEMBROKE PINES, FL	33026	=	699
			City/State and Zip Code		
		JPELLCPA@BELLSOUTI			(3)
		E-mail address: (to be used for future annual report notif	ication)	- ;
For further in	iformation co	oncerning this matter, please co	all:		٠) ٠
ROBERT JO	HANNES		954 638-6594 at ()		کر رخ
	Name of	Person		Telephone Number	~~~ ``j¯
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Contact of	of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ${\bf STREET/COURIER\ ADDRESS:}$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIGWAM INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/08/2018}{1}$ and assigned Florida document number L18000034625 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ۲ن 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: JOHN H. PELL CPA Name of New Registered Agent: 7600 RED ROAD SUITE 128 A New Registered Office Address: Enter Florida street address

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.

City

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

., Florida <u>33143</u>

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
MBR/MC	JACQUES REEDER	WAGENWEG STRAAT 71, PARAM AN 180,	SUNINAME B Add
			Remove
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fective date, if other than the effective date is listed, the date mate: If the date inserted in this becament's effective date on the l	ist be specific and cannot be pro- block does not meet the app	ior to date of filing or more than	(optional) 90 days after filing.) Pursements, this date will	auant to 605.020° not be listed as
record specifies a delaye The 90th day after the re	d effective date, but r cord is filed.	not an effective time, a	it 12:01 a.m. on t	he earlier o
ted	2018	_		
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Page 3 of 3

Filing Fee: \$25.00