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COVER LETTER

CA	NVST LLC		
3010/ECT	Name of Limited Lia	bility Company	
The enclosed Articl	es of Amendment and fee(s) are submitted	for filing.	
Please return all cor	rrespondence concerning this matter to the	following:	
	Fredy J. Rios	ļ	•
		Name of Person	
		Firm/Company	
	920 Meadow Lane		
		Address	
	PT 11 1. DOULD 2011		
	FT Walton BCH, FL 32547		
	City/ fjr.invstfwb@gmail.com	State and Zip Code	
	E-mail address: (to be us	ed for future annual	report notification)
For further information	tion concerning this matter, please call:		
Fredy J. Rios		850 49	63831
Name of Person		at () Area Gode	Daytime Telephone Number
			·
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	_	555.00 Filing Fee	& ■ \$60.00 Filing Fee,
_ * -***********************************	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is en	closed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		li i	T/COURIER ADDRESS: tion Section
		Division	of Corporations
		Clifton F	
,	attanassec, FT, 52514		ecutive Center Circle see, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FJRINVST LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)
(A Florida Ellinica E	azonny Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/08/2018 and assigned
Florida document number L18000036319	
nortda document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
the state of the s	int company note.
The new name must be distinguishable and contain the words "Limited Liabile	ty Company "the designation "LLC" or the abbreviation "LLC"
	. 75°S
Enter new principal offices address, if applicable:	18 FEC
(Principal office address MUST BE A STREET ADDRESS)	TE AR
	B ASS
Enter new mailing address, if applicable:	P
•	TORIO RIVERSION OF THE PROPERTY OF THE PROPERT
Mailing address MAY BE A POST OFFICE BOX	
	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
egistered agent androt the new registered office address here	1
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Floridu street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete	
accept the obligations of my position as registered agent as p	
being filed to merely reflect a change in the registered office of	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 Address Type of Action Title Name FREDY JAVIER RIOS 920 MEADOW LANE AR ■ Add FORT WALTON BEACH, FL US □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove _□ Change □ ∧dd _□ Remove _□ Change _□ Add ☐ Remove ☐ Change

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Filing Fee \$25.00