# 118000038306

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700321162237

11/29/18--01011--012 \*\*30.00

S TALLENT

DEC 0 4 2018

18 HOV 29 FM 6: 17

Mad

## COVER LETTER

TO: Registration S Division of Co		•	
subject: <u>61</u>	5 Investments Name of Lin	LL C	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ychael Hollis Name of Person	
		15 Investments (Firm/Company	
	4117	412 Way Address	
		City/State and Zip Code	
	E-mail address:	esting D. gmail. com to be used for future annual report notif	/
for further information c	oncerning this matter, please e		
Mychae	1 Hollis	at ( <u>561</u> ) <u>516 - 4</u> Area Code Daytime	<i>'\$</i> 703
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	ne 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)

#### 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

(Name of the Limited Liability Compa (A Florida Limited I	ments ULC iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000038306</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	West Pilm Buch	
(Principal office address MUST BE A STREET ADDRESS)	West RIM Buch	
	FL 33407	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		F1LED 429 <b>9</b> 8
		5: -7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address: 4/17 4	Enter Florida street address  City  Line Bach Florida, Florida	
West M	RIM March Florida	33407
	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 Title Name Address Type of Action MGR Mychael Hullis 4117 41st Way WAdd West falm Beach Remove FL 33407 \_\_\_\_\_ Change □ Add \_\_\_\_\_ Change □ Add □ Remove \_\_\_\_\_ Remove □ Remove ☐ Change \_□ Remove

D. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
ivote:	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/24 2018
	Signature of Amember or authorized representative of a member
	My Chipe / Hy // 3  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00