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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC		TMENT FLORIDA LLC		
SUBJEC	-1: <u> </u>	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspon	ndence concerning this matter t	to the following:	
		CARLOS R ROMAN		
			Name of Person	
		CARLOS R ROMAN CPA	. PA	
			Firm/Company	
		226 S RIDGEWOOD DRIV	VE	
			Address	
		SEBRING, FL 33870-3339	9	
			City/State and Zip Code	
		carlos@cromancpa.com		
		E-mail address: (te	o be used for future annual report notific	ation)
For furth	er information co	oncerning this matter, please ca	11:	
CARLO	S R ROMAN		863 314-1515	
	Name of	Person	at () Area Code Daytime T	Telephone Number
Enclosed	l is a check for th	e following amount:		
日 \$25.	00 Filing Fec	□ \$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:

TO:

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

Αl	D	IN	VES	TME	NT	FL	OR.	IDA	LLC	_
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(Name of the Lim	(A Florida Limited	pany as it now appears on ou I Liability Company)	ur records.)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on 05/17/20	18 and assig	med
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designat	ion "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<u> </u>	
Enter new mailing address, if applicable:		AD INVESTMENT F	LORIDA LLC公益	7 <u>1</u> =
(Mailing address MAY BE A POST OFFICE BOX)		PO BOX 194859		Ŋ:
		SAN JUAN, PR 00919	9-4859	<u> ブ</u>
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of	office address on our ere:	records, enter the name of	<u>f</u> the
Name of New Registered Agent:	CARLOS R R	ROMAN		
New Registered Office Address:	226 S RIDGE			
		Enter Florida stre	et address	
	SEBRING		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.

CARLOS ROMANIGRA

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>	Address	Type of Action
MGR	JUDITH DUENAS PENA	PO BOX 194859	
			
		SAN JUAN, PR 00919-4859	_
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			Change
			Add
			□ Remove
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E. Effective dat (If an effective d	ate is listed,	the date must	be specific an	d cannot be	prior to c	late of filin	g or more	than 90 day	(option: 's after fili	ng.) Pur	suant to	605.0207 (3
Note: If the o	late inserte ffective dat	d in this bloc te on the Dep	ck does not partment of	meet the a State's rec	pplicable cords.	statutor	y filing re	quiremen	ts. this da	ite will	not be	listed as th
f the record s b) The 90th	pecifies a day afte	₃ delayed r the reco	effective rd is filed	date, bu	it not a	n e ffect	ive tim	e, at 12	:01 a.n	n. on t	he ea	rlier of:
JUNE	Q			2019								
	0	1-12		1 2019	<u> </u>	11/						
Dated			' 77		12-1	12						

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00