118000172500

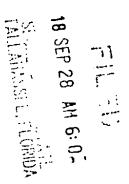
(Requestor's Name)						
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #1				
(0	,, 0.12.0.2.0	,				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



300318689433

03/28/18--01006--009 **25.00



w SALY OCT 23 ZO18

COVER LETTER

Division of Corporations					
SUBJECT: THE FAMILY INVE	STMENTS LLC				
Name of Lim	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
OSCAR MEJIA					
Name of Person					
Firm/Company					
1126 Golden Coine Dr.					
Address					
Weston Fl. 33327					
City/State and Zip Code					
OSCAr @ Viviendo en mic	imi .com				
E-mail address: (to be used for future annual repor					
For further information concerning this matter, please c	all:				
Oscar mejra at (754 9909762				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$\$\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

l. Na	me of the limited liability company: THE FAM	11/4 -	INVES	TMENT	s LLC	
2. (a)	9601 SW 142nd AVE	_ (b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		-	f limited liability comp E POST OFFICE BO	-
	# 1023			<u> </u>		
	MIAMI, FL. 33186	_				
	Tuly 17, 2018		L180	000172	.564	
3.	July 17, 2018 Date of filing/registration in Florida	4.		Document nu	mber	.
5. (a)	DIANA S. HERNANDEZ.					
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	· ::		
	9601 SW 142nd Ave					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		•	18	
	# 1023				SET .	11
	MIAMI FL	331	86		SEP 28 AM 6: I	
(b)	OSCAR MEJIA (MGR))			AH 6: 02 Si.e., Tokke	
()	Enter name of NEW Registered Agent and/or NEW Registered (ress:	•	9.0	
					ÜA	
	NEW Registered Office Address:					
	FL_					
If the I	imited liability company is not organized under the law	s of the	State of Flo	orida, it is here	eby confirmed that	after
the cha agent v was/we	inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility con f the limi	ered office npany, it is ted liability	e and the busing hereby confiner or company or	ness office of the re rmed that the chan	egistered ge(s)
	ture of a member or authorized representative of a member			DIANA	S. HERNAN	DEZ
					I name of signee	
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided elyreflect a change in the registered office address, I h d in writing of this change.	ee to act performa I for in C ereby co	in this cape nce of my o hapter 605 nfirm that	acity. I furthe duties, and I a , F.S. Or, if to the limited lia	r agree to comply im familiar with an his document is be bility company has	with the nd accept ing filed s been
Signatu	rent Registered Agent					