## 48000 207584

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. WHITE DEC 0.7 2019

## **COVER LETTER**

WESLEN	Y CHAPEL INVESTMENTS L	LC	
30bjec1.	Name of Lim	aited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jason Catalanotto		
	WESLEY CHAPEL INVES	Name of Person TMENTS LLC	·····
	4230 Windcrest Dr	Firm/Company	
	Wesley Chapel FL 33544	Address	
	FLrealtorJason@gmail.com		
For further information	econcerning this matter, please c	to be used for future annual report notif all:	ication)
Jason Catalanotto		813 501-2804	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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** 

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

WESLEY CHAPEL INVESTMENTS LLC

20191 7: 47

(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 <u>8-29-2018</u>	and assigned
Florida document number L18000207584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Wesley Chapel Investments LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
	City	zą cow

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nilesh Patel	27906 Boreal Loop Wesley Chapel FL 33544	<b>∑</b> Add
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(If an effe Note:		ite must be specif his block does	ic and cannot be pri not meet the appl	icable statutory fil		nat) illing.) Pursuant to 605.0207 date will not be listed as
	ord specifies a de 90th day after the			ot an effective	time, at 12:01 a	.m. on the earlier of
Dated	October 27		2019			
Dateu _			_·	<b>&gt;</b>		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee