L19000 019 737

	 ; ; ; ; ;	_
(Keq	uestor's Name)	
(Addi	ess)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
	·	•
PICK-UP	MAIT	MAIL
(D	nan Estitution	
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Oπicer:	

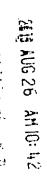




500333649235

08/26/19--01018--033 *+35.00

£1.



COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE.		NVESTMENTS, LLC		造艺
SUDJE.	<u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub ndence concerning this matter ROXANA TUMBACO	-	No 20 AM DOLL
			Name of Person	
		CORNERSTONE TAX A	ND ACCOUNTING SERVICES	
			Firm/Company	
		4835 HOLLYWOOD BLV	/D SUITE 4	
			Address	
		HOLLYWOOD, FL 3302	t	
		ACCOUNTING@CORNE		
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
ROXA	NA TUMBACO		786 597-9461	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LANDRA INVESTMENTS, LLC

ARTICLES OF C				
	•	and the state of		
LANDRA INVESTMENTS, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) lability Company)	and assigned		
ne Articles of Organization for this Limited Liability Company	were filed on 01/17/2019	and assigned		
orida document number L19000019737				
onda document number				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
· · · · · · · · · · · · · · · · · · ·				
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	151 CRANDON BLVD APT 208	8		
rincipal office address MUST BE A STREET ADDRESS)	KEYBISCAYNE . FL 33149			
THE COURT OF THE BUILDING STATE OF A STATE O				
		-		
nter new mailing address, if applicable:	151 CRANDON BLVD APT 208	8		
	KEYBISCAYNE, FL 33149			
fuiling address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or registered o	ffice address on our records.	enter the name of the new		
gistered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Corner Address.	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·		
	. Flor	ida		

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>	Address	Type of Action
MGR	GERARDO J NIETO GUARIRAPA	4670 CARAMBOLA CIR N APPLEWOOD 3#2751	
		COCONUT CREEK, FL 33066	
			■ Remove
			☐ Change
			Add
			Remove
			Change
· · · · · · · · · · · · · · · · · · ·		Add	
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
		D ∧ u d	
			□ Remove
			☐ Change

_					<u>-</u>		
_							
_						· · · · · · · · · · · · · · · · · · ·	
_							
		<u></u>					
		·					
_		,			·		
_							
_							
_							
_			<u> </u>		. <u>-</u>		
_		<u> </u>					
_							
_							
_							
(No oeti	ua duta ifathi	su elena elen dist	o of filings			(antional)	
an effe	ective date is listed	the date must be	pecific and cannot	t be prior to date	of filing or more tha	(optional) in 90 days after filing.)	Pursuant to 605.0207
ote:	It the date insert	ed in this block	does not meet th tment of State's	e applicable sta	tutory filing requ	irements, this date w	ill not be listed as
		•					
		a delayed ef er the record		but not an e	ffective time,	at 12:01 a.m. o	n the earlier o
ated '	AUGUST 19		3/11	9			
atcu _		J-N					
		·M	/_//				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00