L19000041790

(Re	equestor's Name)	-
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	stration Secti ion of Corpo				
20110111222	LOWNITIN	EVESTMENTS, LLC			
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed a	Articles of An	nendment and fee(s) are subt	nitted for filing.		
Please return a	all correspond	ence concerning this matter t	to the following:		
			Kevin Williams		
			Name of Person		
			Firm/Company		
			19730 nw 12 court		
			Address		
			Miami , FL 33169		
		rı	City/State and Zip Code ealk24@bellsouth.net		
		E-mail address: (t	o be used for future annual rep	ort notilication)	
For further inf	ormation con	cerning this matter, please ca	all:		
Kevin Willia	ıms		786 252-3		
	Name of P	erson	Area Code	Daytime Telephone No	imber
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer ed) Cer	00 Filing Fee. tificate of Status & tified Copy itional 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 ARTICLES OF ORGANIZATION

2019 HAY -6 P 1: 85

	LOWN IT INVESTMENTS, LLC	
(Name of the Limite	A Florida Limited Liability Company); Application of the Edward Library	••
he Articles of Organization for this Limited Lia	ability Company were filed on February 15, 2019	and assigned
lorida document number 1.19000041790		
his amendment is submitted to amend the follow	wing:	
. If amending name, enter the new name of	the limited liability company here:	
ne new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the at	obreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	"ADDRESS)	
		<u> </u>
		
nter new mailing address, if applicable:		
	(OX)	
Adding address MAY BE A POST OFFICE B	r registered office address on our records, enter	
Mailing address MAY BE A POST OFFICE B	r registered office address on our records, enter	
Mailing address MAY BE A POST OFFICE B	r registered office address on our records, enter	
Iailing address MAY BE A POST OFFICE B If amending the registered agent and/or	r registered office address on our records, enter	
Adding address MAY BE A POST OFFICE B If amending the registered agent and/or gistered agent and/or the new registered office. Name of New Registered Agent:	r registered office address on our records, enter	
Mailing address MAY BE A POST OFFICE B . If amending the registered agent and/orgistered agent and/or the new registered offi	r registered office address on our records, enter	
Mailing address MAY BE A POST OFFICE B . If amending the registered agent and/or egistered agent and/or the new registered office of New Registered Agent:	r registered office address on our records, enterice address here: Enter Florida street address	
egistered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records, <u>enter</u> ice address here:	

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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>	Name	Address	Type of Action
AMBR	Esther Gordon		
		1265 nw 203rd street Miami, fl 33168	Remove
	r were		☐ Change
AMBR	Kevin Williams	19730 nw 12 court Miami, fi 33169	
			Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
			□ Change
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			□ Remove
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			Add Remove
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ote: If the date in	other than the date isted, the date must be spe iserted in this block do 'e date on the Departm	es not meet the ap	oplicable statutory	g or more than 90 day filing requirement	(optional) s after filing.) Pursuant s. this date will not b	to 605.0207 e listed as
	ies a delayed effe after the record is		t not an effect	ive time, at 12	01 a.m. on the ϵ	earlier of
nted		;	·			
	Signat	Hevin ure of a member or	/ Williamhorized represen	Oim stative of a member		
	. /sgnar	and the mention of				

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Filing Fee: \$25.00