11900 053 138

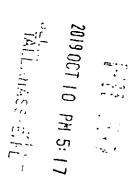
(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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OCT 29 2019 C Kinsey

COVER LETTER

TO:		istration Sec ision of Corp			
SUBJE	ect.		VESTMENTS LLC		
SUBJE	cci.		Name of Lim	ited Liability Company	
The en	closed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspon	dence concerning this matter	to the following:	
			HEATHER WETSELL		
			ARU BUSINESS SERVIC	Name of Person	
				Firm/Company	
			6702 N. GUNLOCK AVE	•	
	Address				
			TAMPA, FL 33614		
			ARU.RENEWALS@GMA	City/State and Zip Code IL.COM	
			E-mail address: (1	to be used for future annual report notific	cation)
For fur	ther in	formation co	ncerning this matter, please ca	all:	
HEAT	HER V	WETSELL		813 870-0060 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a	check for the	following amount:		
\$25	5.00 F	iling 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)
			NG ADDRESS:	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000053138	were filed on 02/22/2019 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and coutnin the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33634	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7061 W. WSTERS AUG. TAMPA FL 33674	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e of the new
Name of New Registered Agent:		2019
New Registered Office Address:	Enter Florida street address	01710
	City , Florida Zip Cod	P)
New Registered Agent's Signature, if changing Registered Agent:		ن .

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>	Type of Action
Wpc	LUIS JAVIER GIRALDO	7302 EGYPT LAKE DR TAMPA, FL 33614	
<u>, </u>			
			Remove
			□ Change
		···	Add
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Note:	ive date, if other than the date of filing:
he red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the record is filed.
Date	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00