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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	NVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LLANDYCAR G. CAMP	OS ZAMBRANO	
		Name of Person	
		Firm/Company	
	1401 S FEDERAL HWY	APT 408	
		Address	
	BOCA RATON FLORIDA	X 33432	
	llanci28@gmail.com	City/State and Zip Code	 .
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ea	all:	
LLANDYCAR G. CAM	POS ZAMBRANO	786 781 3645	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS:	STREET/COURI	

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

Registration Section Division of Corporations

TO:

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

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

WILLAN INVESTMENTS, LLC

FILED

(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 C	ompany were filed on 3/15/20	19 SECRETARY OF STATE TALLAHASSEE. FLORE
Florida document number L19000074201	<u>_</u> ·	e de la companya de l
This amendment is submitted to amend the following:		The second secon
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
 _	Enter Florida str	reet address
		, Florida Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	CAMPOS ZAMBRANO, WILLMER E	1401 S FEDERAL HWY APT 408 BOCA RATON FL 33432	
			■ Remove
			Change
			Add
			Remove
			☐ Change
 -			Add
		- <u>·</u>	Remove
			Change
			Add
			Remove
			Change
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Practice data if ather than the	luta of filima		(optional)	
Sective date, if other than the c an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	he specific and cannot be prior ck does not meet the applic	able statutory filing requi	n 90 days after filing.) Pursuant	
record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the ϵ	earlier of:
JULY 25 ated	2019			
<u> Paul wa</u>	 :6:L:	·		
	iignature of a member or auth	orized representative of a mo	ember	_
LLANDYCAR CAMPO	S			
	Typed or print	ed name of signee		_

D. If amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00