

L19000 133 889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

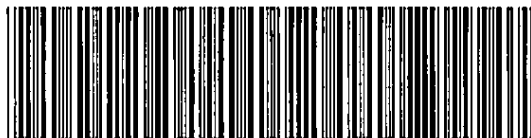
(Business Entity Name)

(Document Number)

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2019 AUG -8 AM 9:26

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AUG 13 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

INVESTMENTS 4245, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL F. MIRABAL

\_\_\_\_\_  
Name of Person

GLOBAL LEGAL MIAMI

\_\_\_\_\_  
Firm/Company

2655 S. LE JEUNE RD SUITE 410

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

MMIRABAL@GLOBALLEGALMIAMI.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL F. MIRABAL

305 773 1010

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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

**TO  
ARTICLES OF ORGANIZATION  
OF**

INVESTMENTS 4245, LLC

(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 05/21/2019 and assigned  
Florida document number 1.19000133889

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

**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

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         | INVESTMENTS CLM LLC | 10550 NW 65TH LN DORAL,<br>FL 33178 | <input checked="" type="checkbox"/> Add |
|              |                     |                                     | <input type="checkbox"/> Remove         |
|              |                     |                                     | <input type="checkbox"/> Change         |
|              |                     |                                     | <input checked="" type="checkbox"/> Add |
|              |                     |                                     | <input type="checkbox"/> Remove         |
|              |                     |                                     | <input type="checkbox"/> Change         |
|              |                     |                                     | <input type="checkbox"/> Add            |
|              |                     |                                     | <input type="checkbox"/> Remove         |
|              |                     |                                     | <input type="checkbox"/> Change         |
|              |                     |                                     | <input type="checkbox"/> Add            |
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|              |                     |                                     | <input type="checkbox"/> Add            |
|              |                     |                                     | <input type="checkbox"/> Remove         |
|              |                     |                                     | <input type="checkbox"/> Change         |

INVESTMENTS CLM LLC MEMBER MANAGER ~~40~~ % UNITS

50

FMSE LLC MEMBER MANAGER 10% UNITS

INVESTMENTS 500 LLC MEMBER MANAGER ~~40~~ % UNITS

40

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

8/1/19.

E. Mangles

Signature of a member or authorized representative of a member

EDUARDO MANGLES

Typed or printed name of signee