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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	1 AND DR Name of Limi	INVESTM 8 ted Liability Company	ents, LLC
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Jor	Name of Person	TO TO_
	JMANG	DR TAVEST	ments, LLC
	1431051	J SST, SyitE	942350
	miami	FL. 33184 City/State and Zip Code	<u>!</u>
	MIAOR E-mail address: (t	SAM HOMES Of the object of the object of the second of the	amail.com
For further information con-	cerning this matter, please ca	ill:	
JOAN / Name of Po	M. MONTO	786) 65. Area Code Daytime	3 – 3 4 3 7 Telephone Number
Enclosed is a check for the	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)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			OF			
				<u>.</u>	1100	
Jm			INVESTA			¹³ /2
	(Name of the	<u>Limited Liab</u>	ility Company as it now appear	<u>rs on our records.</u>	.)	~ ~
		(A Flori	da Limited Liability Company)			9

(A Florida Limited I	Liability Company)	$\mathcal{S}_{\mathcal{S}}$
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900251485</u> .	were filed on $\frac{10}{7}$	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	1	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	ime of the new registered
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code
No. 19 and A could Clause of the could Decision of Access		

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 C. 28 STC TT QUI	Type of Action
MGR	JOAN M. MONTOT	Address 14310 SW8 ST Suite 94 0 mi Ami, FL. 33184	<i>255</i> _ X Add
			□Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
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an effec ote:	the date, if other than the date of filing: 2/3/2020 (optional) (optional) tive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record is tile	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 d.
ated _	FEBRUARLY 3. 2020.
	FEBRUARY 3. 2020. Signature of a member or authorized representative of a member
	JOAN M. MONTOTO Typed or printed name of signee