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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 119 INVESTMENTS LLC

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SEP 09 2020

## S. YOUNG

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Help

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

119 INVESTMENTS LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	SE T
The Articles of Organization for this Limited Liability	Company were filed on 09/03/2020	and assigned
Florida document number L20000266837	·	
This amendment is submitted to amend the following:		AMII: 50
A. If amending name, enter the new name of the lin	mited liability company here:	<u>.                                     </u>
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		***************************************
D. 16		
B. If amending the registered agent and/or register agent and/or the new registered office address here		: name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	da
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, and a agent as provided for in Chapter 605, F.S red office address, I hereby confirm that t	I am familiar with and 5. Or, if this document is

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	Type of Action
MGR	NICHOLAS CHIRICOSTA	6430 NW 98 LANE	□Add
		PARKLAND, FL 33076	
MGR Tor	Tony Chiricosta	713 Northwest 123 Drive	≣Add
		Coral Springs, FL 33071	□Remove
			Change
			☐Add
			□Remove
			🗆 Change
			□Add
			□ Remove
			Change
			Петоvе
			□Change
			□Add
			□Remove
			□Change

ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	
If an effe Note:	re date, if other than the date of filing:
record d is file	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.
Dated _	Andry I
	Signature of a member or authorized representative of a member