

12/10/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L200000352151

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To:

Division of Corporations
Fax Number : (850)617-5383

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Account Name : MITTENTHAL WEINSTEIN
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MYLINVEST LLC**

Certificate of Status	0
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12/11/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYLINVEST LLC
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:

Jeffrey C Weinstein

Name of Person

Mittenthal Weinstein LLP

Firm/Company

3100 S Federal Highway, Suite B

Address

Delray Beach, FL 33483

City/State and Zip Code

weinstein@mw-attorneys.com

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

For further information concerning this matter, please call:

Jeffrey C Weinstein

561

703-1908

at ()

Name of Person

Area Code

Daytime 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 &
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☐ \$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

2020 DEC 10 PM 4:47

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYLINVEST 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 11/05/2020 and assigned
Florida document number L20000352151.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

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

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>	<u>Type of Action</u>
MGR	ERIC KORCHIA	33 SE 4TH STREET, SUITE 100	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SPARING PARTNERS 2 INC.	33 SE 4TH STREET, SUITE 100	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILIPPE PEPOS	33 SE 4TH STREET, SUITE 100	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<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"/> Remove
			<input type="checkbox"/> Change

DEC 10 PM 6:41

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Dated December 1, 2020

Typed or printed name of signee

Filing Fee: \$25.00