## L22000474179

(Requestor's Name)	
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(Address)	
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(Ćity/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Chary Hame)	
(Document Number)	
(Botalient Hamber)	
red Copies Certificates of Status	
c all Instructions to Filing Officer:	
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Office Use Only



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117/2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbacsee FL 32201

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-150	U		
	ACCOUNT NO.	: 1200000001	_95
	REFERENCE	351535	9030A
A	UTHORIZATION	Trell den	ran
	COST LIMIT	: \$ 30.00	·
ORDER DATE : Janua	ary 13, 2023		
ORDER TIME : 10:5	6 AM		
ORDER NO. : 3515	35-005		
CUSTOMER NO:	9030A		
	DOMESTIC AM	MENDMENT FILING	<u> </u>
	EMI INVESTMEN LC	TS PROPERTIES	
EFFECTIVE DA	TE:		
XX ARTICLES OF ARTICLES ART		RPORATION	
PLEASE RETURN THE	FOLLOWING AS	PROOF OF FILIN	IG:
CERTIFIED ( XX PLAIN STAM) XX CERTIFICAT	PED COPY	NDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

Division of C			
SUBJECT:	REMI INVES	THENTS PROPERTIES,	/ <b>/</b> C
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
	5TO	Name of Person	tN ESQ.
		Name of Person	<del>-/</del>
	570	FIRM/Company	P. A.
		Firm/Company	<del></del>
	101	89 CLEMY BOULEV	W) Set 102
		Address	NO MICTOR
	PIN	NATURAL FINE DA 2	2294
		City/State and Zip Code	0227
	57	EVEN@ BRNERUNP	t. CO4
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please o	all:	
STEVEN	D BRAVERUAN	at (954) 294 Area Code Daytime	-6760
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<b>34</b> (1)			

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

FILED

2023 JAN 13 AM 9: 12

REMI INVESTMEN	TS PROPERTIES LLC  LY as it now appears on our records.)  ability Company)	SECRETURE OF STATE
The Articles of Organization for this Limited Liability Company	were filed on NOVERBER 4, 2	022 and assigned
Florida document number <u>L22000 474179</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
REMI INVESTMENT P	ROPERTIES LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAME	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)	SKHE	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the no	me of the new registered
agent and/or the new registered office address here:	and the same same same same same	inc of the new registered
	u/L	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	<del></del>
New Registered Agent's Signature, if changing Registered Agent;	City	Zip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete percept the obligations of my position as registered agent as provising filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605 F.S. Or	familiar with and

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
	N/A		
			□Remove
			□Add
			□ Remove
			Change
			□Remove
			Change
	<del></del>		
			□Remove
			Change
<u></u>			
			□Remove
			□Change
			C]Add
		<del> </del>	□Remove
			□Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
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Effective date, If an effective dak Note: If the da document's effe	if other than the date of filing: NOVERIBER 10, 2022 (optional) is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207 to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ective date on the Department of State's records.
record specifie d is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated	2 Aff
	Signature of a member or authorized representative of a member
	Adolfo Blasquez

Filing Fee: \$25.00