# L99000001921

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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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D. BRUCE SEP 27 2016



### Division of Corporations FLORIDA DEPARTMENT OF STATE

September 9, 2016

PALM BEACH SHORES, FL 33404 **84 LAKE DR** KEBBI BUBBUS

Ref. Number: L99000001921 SUBJECT: INVESTMENT HOLDINGS OF FLORIDA, L.L.C.

the Department of State for \$25.00. teturn your document along with a check or money order made payable to L.L.C., however, upon receipt of your document no check was enclosed. Please We have received your document for INVESTMENT HOLDINGS OF FLORIDA,

one person acting as an authorized representative. Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by

2016 your filing will be considered abandoned. Please return your document, along with a copy of this letter, within 60 days or

If you have any questions concerning the filling of your document, please gall

.1809-245-6051.

Letter Number: 016A00019224⊳

Regulatory Specialist II Depotah Bruce

310.zidnus.www

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

' TO: ' Registration Se Division of Cor		
	IENT HOLDINGS OF FLORIDA, L.L.C.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Kerri Burrus	
•	Name of Person	
	INVESTMENT HOLDINGS OF FLORIDA, L.L.C.	*
	Firm/Company	-
	64 Lake DR PP 2	A STATE OF THE PARTY OF THE PAR
	Address	177
	Palm Beach Shores FL 33404  City/State and Zip Code  billfishgirl@aol.com	O
	City/State and Zip Code	
	i i i i i i i i i i i i i i i i i i i	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Kerri Burrus	561 3733474 at ( )	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

In vestmen	ited Liability Compa (A Florida Limited		Floy d	la UC		
The Articles of Organization for this Limited I Florida document number L99000001921	iability Company	were filed on $\frac{04/05}{}$	1999	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	nation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	64 Lake DR				
(Principal office address MUST BE A STREET ADDRESS)		Palm Beach Shores	FL 33404			
Enter new mailing address, if applicable:		64 Lake DR	TALL:	20. 20.		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Palm Beach Shores	FL 33404 E. i	<u> </u>		
B. If amending the registered agent and	for registered of	Fine address on ou	(n)	> 111		
registered agent and/or the new registered o			r records, em	(J)	EY	
Name of New Registered Agent:	Kerri burrus					
New Registered Office Address:	64 Lake DR		•			
		Enter Florida s	treet address			
	Palm Beach She	ores	, Florida	33404		
		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.

f 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>	Type of Action
MGRM	DAVID R BURRUS	704 MARITIME WAY	
		WEST PALM BEACH, FL 33410	Remove
			□ Change
MGR	CHRISTOPHER D SCHOTT	401 VETERANS BLVD. #102	Add
		METAIRIE, LA 70005	Remove
			Change
AMBR	KERRI BURRUS	64 LAKE DR	Add
		PALM BEACH SHORES, FL 334(	□ Remove
		·	Change
<del></del>			
			Removes
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ctive date, if other than the	date of filing:		0.00	(optic	nal)	
effective date is listed, the date must e: If the date inserted in this blo						
iment's effective date on the De	partment of State's	records.				
record specifies a delayed ne 90th day after the reco	effective date, ord is filed.	but not an el	fective time,	at 12:01 a	.m. or	n the ear
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	Signature of a member	SILIA	resentative of a n			

Page 3 of 3

Filing Fee: \$25.00