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12 JUL 27 PM 1: 32 SECRETARY OF STATE TAIT SHASSEE, FLORIDA

C. LEWIS

JUL 3 0 2012

EXAMINER

COVER LETTER

то:

Registration Section
Division of Corporations

SUBJECT:		MENTS FUND, L.L.C.			
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	PETRA BAUERNFEIND				
		Name of Person			
	MJG IN	VESTMENTS FUND, L.L	.C.		
		Firm/Company			
	81 WASHINGTON AVE, SUITE 300				
		Address			
	MI	AMI BEACH, FL 33139			
		City/State and Zip Code	-		
	PETRA	A@BIGFOOTCORP.CON	/		
Ear further information	concerning this matter, please c		(III)		
roi futulei infotmation	concerning this matter, please c	an.			
******	A BAUERNFEIND	at (_310)	5642221		
Name	of Person	Area Code & Dayt	ime Telephone Number		
m (
Enclosed is a check for	•		Entro 60 pur p		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	= \$60.00 Filing Fee, Certificate of Status & ed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	porations		
	······································	Tallahassee, FL			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUL 27 PM 1: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MJG INVESTMENTS FUN	D, L.L.C			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) upany)			
The Articles of Organization for this Limited Liability Company were filed Florida document numberL01000001429	on JAN. 29, 2001	_ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	nny here:			
BIGFOOT BUSINESS PAR				
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	10. - 10 1			
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		e name of the new		
	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 the provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	rmance of my duties, and I an or in Chapter 608, F.S. Or, if	n familiar with and Tthis document is		

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	Address	Type of Action
,			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	·.)
Dated			FILED 12 JUL 27 PM 1: 32 SECRETATE OF STATE FALL AND ASSEE, FLORID
	MIC	r or authorized representative of a member HAEL GLEISSNER or printed name of signee	M 1: 32

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