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SECRETARY OF STATE

T. CLINE
SEP 15 2009
EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	SFL Inves	tment Group, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
	The	omas C. McLaughlin, J	lr.	
		Name of Person		
	SFL	. Investment Group, LL	.C	
		Firm/Company		
	20701 Br	ruce B Downs Blvd., St	uite 200	
		Address		
		Tampa El 22647		SERVE LANGES
		Tampa, FL 33647 City/State and Zip Code		SEP
		klrw395@kw.com		TO THE PERSON OF
	E-mail address: (to be used for future annual repo	rt notification)	THE AMI
For further informatio	n concerning this matter, please	call:		AM II: 08
	Debra Gordon	at (813)	994-4422	eri e
	ne of Person		Daytime Telephone Number	
Enclosed is a check fo	or the following amount:			
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &
MA	ILING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SFL Investmen (Name of the Limited Liability Compa (A Florida Limited I	nt Group, LLC ny as it now appears on our recon Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company Florida document numberLO300031859	were filed on August 25,	2003 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	20701 Bruce B Downs B	lvd, Suite 200		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33647	700		
		20 P		
		75		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		93/		
		\$ E		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new		
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 608, 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 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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
Broker	Raymond Ingandela	17538 Shadyside Circle Lutz, FL 33549	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Remove Oct oo
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	Remove
	Signature of a membe	ar or authorized representative of a member	
_	Thom	as C. McLaughlin, Jr.	

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Filing Fee: \$25.00