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Fax Number : (850)205-0383

From:
Account Name : THE HOGAN LAW FIRM
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LIMITED LIABILITY AMENDMENT

TEAM BOTTO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM BOTTO, 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:

Deborah Hogan
(Name of Person)

The Hogan Law Firm
(Firm/Company)

20 South Broad Street
(Address)

Brooksville Florida 34601
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Hogan at (352) 799-8423
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
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\$55.00 Filing Fee &
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(additional copy is enclosed)

\$60.00 Filing Fee,
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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**

TEAM BOTTO, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on August 22, 2005 and assigned document number L0500083024

SECOND: This amendment is submitted to amend the following:

Article I The name of the Limited Liability Company is:
628 INVESTMENTS, LLC

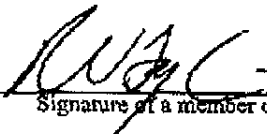
Article II The street address of the principal office of the Limited Liability Company is:
20 S. Broad Street, Brooksville, FL 34601

The mailing address of the Limited Liability Company is:
P.O. Box 485, Brooksville, FL 34605

Article V The name and address of managing members/managers are:
Title: MGR /MEMBER

R. Victor Taglia
P.O. Box 485, Brooksville, FL 34605

Dated October 20, 2005



Signature of a member or authorized representative of a member

R. Victor Taglia

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00