

LO8 000/109331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

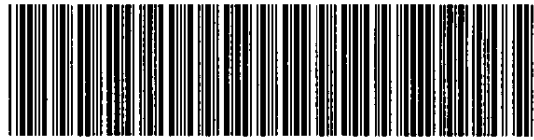
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200162484842

11/23/09--01023--013 . **25.00

2009 NOV 23 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

NOV 24 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUITY CAPITAL INVESTMENTS, 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:

SHADI SHOMAR
Name of Person
SHOMAR ACCOUNTING, PA
Firm/Company
7777 NW 146TH ST
Address
MIAMI LAKES, FL 33016
City/State and Zip Code
LILY@SHOMARACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

FILED
2009 NOV 23 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHADI SHOMAR at (**305**) **825-1123**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & 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

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:

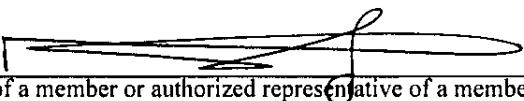
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANDREW WOODS	7777 NW 146TH ST MIAMI LAKES, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KEITH U. PORTELA	7777 NW 146TH ST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRIAN A. SANCHEZ	7777 NW 146TH ST MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 09 NOV 2009 4:11:00 PM
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated NOVEMBER 19TH, 2009.



 Signature of a member or authorized representative of a member

MIRA ZAKI

 Typed or printed name of signee