L 0 9000026006

(Red	questor's Name)	
(Ada	dress)	
(Add	dress)	
. (City	//State/Zip/Phon	e #)
PICK-UP	. WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

B. KOHR
JUL 1 0 2012
EXAMINER



700237095077

07/09/12--01021--007 **55.00

12 JUL -9 MH 3:54

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

INVESTMENTS 3457, LLC. SUBJECT: 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: JOSE RODRIGUEZ Name of Person JOSE RODRIGUEZ Firm/Company 1945 S OCEAN DRIVE UNIT 906 Address HALLANDALE, FL 33009 City/State and Zip Code jovirofo@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE RODRIGUEZ 237-9403 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & **▼**\$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
 Division of Corporations

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**

INVESTMENTS 3457, LLC

(A Flo	orida Limited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liabil Florida document number L090002600		03/17/2009	and assign
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
-		, Florida	Zip Code
No. Bulletond Amends 67	City		гір Соае
New Registered Agent's Signature, if changing Regi	stered 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 = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> Address MGR CARLOS A MIJARES 1945 S OCEAN DR STE 2504 **✓** Add HALLANDALE, FL 33009 Remove GABRIEL E. RODRIGUEZ MGRM 1945 S OCEAN DRIVE UNIT 906 **✓** Add HALLANDALE FL 33009 Remove ___ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 3rd Dated Signature of a member or authorized representative of a member JOSE RODRIGUEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00