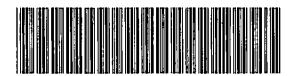
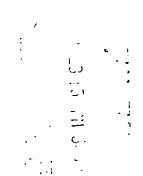


(Requestor's Name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

	istration Sec ision of Corp					
SUBJECT:		Investments, LLC				
SOBJECT.	Name of Limited Liability Company					
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Orli Teitelbaum				
			Name of Person			
		The Balogh Company				
			Firm/Company			
		1391 Sawgrass Corporate I	Parkway Parkway			
			Address			
		Sunrise, Florida 33323				
			City/State and Zip Code			
		OTeitelbaum@TheBaloghC E-mail address: (1	ompany.com to be used for future annual report n	otification)		
For further in	nformation ce	oncerning this matter, please ea	·			
Orli Teitelba	ıum		305 532-4355			
	Name of	Person	Area Code Dayı	ime Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 12, 2009 _____ and assigned Florida document number 1.09000057792 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

The Balmar Investments, LLC

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Stan Greenberg	81 Points West Drive	= Add
		Asheville, NC 28804	
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
_ _			□Add
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Effective date, if other than the distance (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department of the Department	be specific and cannot be ck does not meet the	applicable statutor	(option ng or more than 90 days after five filing requirements, this continue to the continue	ling) Purcuant to 605 0207 (2
ne record specifies a delayed effective ord is filed.	date, but not an effec	tive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
Dated		·		
				<u></u>
3	ignature of a member of	r authorized represe	ntative of a member	