

L10000031394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

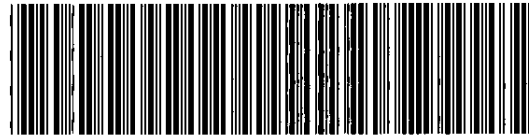
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan JUN 30 2011

CQVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M3 AMERICAN 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:

COILIN M MCMANUS
Name of Person
M3 AMERICAN INVESTMENTS, LLC
Firm/Company
W IRLO BRONSON HWY STE 159
Address
KISSIMMEE, FL 34747
City/State and Zip Code
COILIN@MMCONSULTANTS.IE
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COILIN M MCMANUS at (**407**) **256-9060**
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 JUN 29 AM 10: 22

M3 American Investment

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 3-22-10 and assigned Florida document number L10000031394.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7862 W IRLO BRONSON HWY STE 159

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34747

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:

HERMEN C AVILA

New Registered Office Address:

3635 ORLANDO DR

Enter Florida street address

SANFORD

City

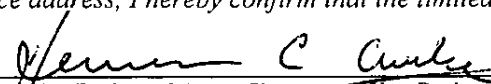
Florida

32773

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	COILIN M MCMANUS	7862 W IRLO BRONSON HWY STE 14 KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KATHLEEN MCDONNELL	7805 SW 6TH COURT PLANTATION, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TARA MC CANN	7805 SW 6TH COURT PLANTATION, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SHANNON MC CANN	7805 SW 6TH COURT PLANTATION, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 11 JUN 29 AM 10:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 23rd June 2011, _____.



 Signature of a member or authorized representative of a member
 COILIN M MCMANUS

 Typed or printed name of signee