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MAR 21 2011

EXAMINER



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03/18/11--01030--004 **25.00

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	C.			
БОВО				
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			LENIN DE LIMA	·
			Name of Person	
INVERS			IONES L&T TARGET, L	L.C.
			Firm/Company	···
112 NV			W 9TH TERRACE APT	306
			Address	
		nna		
		1171227	NDALE BEACH, FL 33 City/State and Zip Code	
		len	indelima@hotmail.com to be used for future annual report	
For fur	ther information (E-mail address: (concerning this matter, please o		notification)
		NUNI DE LANA	700	700 0550
LENIN DE LIMA Name of Person		at (<u>786</u>) Area Code & Da	728-0556 ytime Telephone Number	
Enclose	ed is a check for t	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration So Division of Co Clifton Buildin	rporations ng e Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	03/16/2011	and assig	ned
Florida document numberL11000032201				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Compa	iny," the designation "I	LLC" or the abl	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			ASS =	
•			MAR ORETA	<u> </u>
Enter new mailing address, if applicable:			ARY OF	
(Mailing address MAY BE A POST OFFICE BOX)			AM II: 13 OF STATE FLORIDA	0
			DA TO	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter t</u>	he name of	the nev
Name of New Registered Agent:				
New Registered Office Address:	Fn	ter Florida street add	ross	
	City	, Florida	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 amendia 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>	Address	Type of Action
MGR	LENIN DE LIMA	112 NW 9TH TERRACE APT 306 HALLANDALE BEACH, FL 33009	
			Add Remove
	<u>.</u>		Add Remove
<u></u>			Add Remove
•			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	·
			
 Dated	a de de		-
		mber or authorized representative of a member	
		MANUEL MONTILLA upped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00