

L12000077471

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TEZETA INVESTMENT 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:

MARTA E JACOFSKY

Name of Person

TEZETA INVESTMENT LLC

Firm/Company

21085 NE 34 AVENUE SUITE 301

Address

AVENTURA FLORIDA 33180

City/State and Zip Code

mjacofsky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

marta e jacofsky

Name of Person

at (**305**) **300-1743**

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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL
 2010 DEC -9 PM 4:32
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TEZETA INVESTMENT LLC

(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 06/11/2012 and assigned Florida document number L12000077471.

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:

(Principal office address MUST BE A STREET ADDRESS)

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JUN 11 2012
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

_____, Florida _____
City 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:

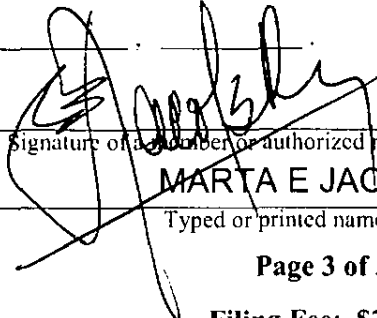
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TRECH SONIA ADRIANA	2875 NE 191 STREET	<input type="checkbox"/> Add
		AVENTURA FLORIDA 33180	<input checked="" type="checkbox"/> Remove
MGR	SALEM JACOBO G	1180 A EAST HALLANDALE BEACH BOULEVARD	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH FLORIDA 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

MARTA E JACOFSKY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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ILLINOIS STATE BOARD OF PROFESSIONAL ACCOUNTANTS