L02000015803

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J. BRYAN

NOV - 2 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Se	even Heaven Inves Name of Lim	tments, LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Lourdes B	. Rivera Name of Person	09 0C SECRE
	Lourdes B	. Rivera, P.A. Firm/Company	T 30 PM 12: 4 ETARY OF STATE HASSEE, FLORE
	7700 N. K	endall Drive,Suite 8 Address	F STATE FLORIDA
	Miami, Flo	City/State and Zip Code	
	LBRivera@ E-mail address: (lbrlaw.com to be used for future annual report notifica	ation)
For further information	concerning this matter, please o	call:	
	Rivera, Esq	at (305) 461-4901 Area Code & Daytime 7	Felephone Number
Enclosed 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 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



Seven Heaven Investments, 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 C	ompany were filed on _	6/24/02	and assigned
Florida document number <u>L02000015803</u>	 ÷		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	<u>ted liability company l</u>	<u>nere</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Con	npany," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			Add to the second secon
B. If amending the registered agent and/or registored agent and/or the new registered office addr		our records, enter	the name of the new
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>T</u>itle Name 1 <u>Address</u> **Type of Action** PS Adela C. Bach 808 Two Tequesta Brickell Remove Key, Miami, FL 33131 MGRM . Adela C. Bach 808 Two Tequesta Brickell Key, Miami, FL 33131 Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 22 , 2009 Signature of a member or authorized representative of a member Adela C Bach Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00