L10000025303

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SECRETARY OF STAIR

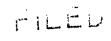
C. LEWIS NOV 1 4 2011 EXAMINER

COVER LETTER

	stration Secti sion of Corpo		•	• ;			
.	% , '						
SUBJECT: _			IVESTMENT LLC				
		Name of Limi	ited Liability Company				
The enclosed	Articles of An	nendment and fee(s) are sul	omitted for filing.				
Please return a	all correspond	ence concerning this matter	to the following:				
			Cesar Shlain				
			Name of Person				
		Consult	Corp				
			Firm/Company				
		1					
			Address				
		Aventura fl, 34160 City/State and Zip Code					
		E-mail address: (tingsolution@bellsouth.ito be used for future annual report	101 notification)			
For further inf	formation cond	cerning this matter, please of	eall:				
	Ces	ar Shlain	at (786)	416-7079			
	Name of Pe		Area Code & Da	ytime Telephone Number			
Enclosed is a	check for the f	ollowing amount:					
▽ \$25.00 Fili	ing 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)			
	MAILING Registratio	G ADDRESS:	STREET/CO Registration Se	URIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2811 NOV 1/8 PH 2: 28

IXTAPA INVE (Name of the Limited Liability Competed (A Florida Limited)	STMENT LLC any as it now appear Liability Company)	SFCRETA s on ourtrecords.)AS	RY OF STAIR SEE.FEURIDA
The Articles of Organization for this Limited Liability Company Florida document numberL10000025303	y were filed on	03/05/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	<u>2</u> :	
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2020 NE 163 Street 300 S		
	Miami, Fl, 331	162	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2020 NE 163	Street 300 S	
	Miami, FL, 33162		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	ur records, <u>enter</u> i	
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	MIZRAHI LEVY, JAIME	2800 ISLAND BLVD AVENTURA FL 33160	Add✓ Remove			
MGRM.	BHS CIVIL COMPANY	2800 ISLAND BLVD AVENTURA FL 33160	Add Remove			
MGR	Shlain, Cesar	2020 NE 163 Street 300 S Miami_FL_33162	✓ Add Remove			
			AddRemove			
			AddRemove			
			Add Remove			
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessa				
			2011 NOV 1.0 PH 2			
Dated	November 1 ,,	2011	2: 28			
	Ce	sar Shain, Manager ed or printed name of signee				

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Filing Fee: \$25.00