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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUL 21 2011

COVER LETTER

Division of Co	rporations				
SUBJECT:	LIVERPOOL IN	LIVERPOOL INVESTMENTS, L.L.C. Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		VANESSA VELOCCI			
		Name of Person			
LIVERPOOL INVESTMENTS, LLC					
		Firm/Company 2699 W 79 ST #1			
				2011 JUL 20 SECRETAR) TALLAHASSI	
		Address			-1
		HIALEAH, FL 33016			
		City/State and Zip Code		(1)	П
	F-mail address: (to be used for future annual report notificat	tion)	AH 8: OF STAT	*
For firsther information				RIDS	
ror luttier information	concerning this matter, please of	an.		,-	
Name of Person		at () Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	l
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVERPO	OL INVESTMENTS, L	LC	
(Name of the Limited List (A Flor	oility Company as it now appear ida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liabili Florida document number	• •	07/14/2000	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	g:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicables	<u></u>		
(Principal office address MUST BE A STREET AL	DDRESS)	<u> </u>	SF 28
		AH	
		ASSE	
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	FLORI	
			
		A	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>enter th</u>	e name of the new
registered agent and of the new registered office	address nerv.		
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addro	288
		, 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>	Address	Type of Action
MGR	RALPH VELOCCI	815 N.W. 57 AVE., SUITE 202 MIAMI FL 33126	Add
MGR	VANESSA VELOCCI	2699 W 79 ST #1 HIALEAH, FL 33016	Add Remove
·		•	Add Remove
		·	Add Remove
			∏Add ∏Remove
		P	Add Remove
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary)	FILE JUL. 20 . RETARY D
<u>.</u>		FLORIO A	
			_
Dated	,	Ros Malan.	
•		authorized representative of a member	
-		printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00