

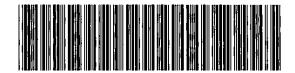
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

L. SELLERS

MAY -8 2008

EXAMINER

Office Use Only



900128482569

95/95/98--91941--912 ++25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	ZAKCAR 1	INVESTMENTS, LC		
SOBOLC I.	(Name of Lin	CNVESTMENTS, LC nited Liability Company)		
	,			
The enclosed	Articles of Amendment and fee(s) are su	bmitted for filing.		
Please return	all correspondence concerning this matter	er to the following:		
	Pau	(Name of Person)		
		car Investments LC (Firm/Company)		
	1311 5	US HWY /		
	Rock	edge FL 37955 (City/State and Zip Code)		
		, , , , , , , , , , , , , , , , , , , ,		
For further in	formation concerning this matter, please	call:		
Pau	(Name of Person)	at (321) 631-5511 (Area Code & Daytime Telephone Number)		
Enclosed is a	check for the following amount:			
\$25.00 Fi	ling Fee \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)		
	MAILING ADDRESS:	STREET/COURIER ADDRESS:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TESTMENIS, LC	econdo)	
(A Flor	pility Company as it now appears on our raida Limited Liability Company)	ecorus.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	12000 and assigned	
Florida document number <u>LOOGO 00 / 2 l</u>		,	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the de	esignation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Additions.	(Enter Florida street address)		
_	. Florida		
_	(City)	Florida(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this chan	er and complete performance of my du ed agent as provided for in Chapter 60 stered office address, I hereby confirm	ties. and I am familiar with and 8, F.S. Or, if this document is	
	(If Changing Registered Agent, Signature	ure of New Registered Agent)	
		<u> </u>	
		AM II: 16	
	Page 1 of 2	RATE 16	

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>Address</u> **Type of Action** Title Name ILEANA ROBAINA MGRM 438 Via Palerno Ct Mercit Island FL 38953 MGRM Remove MGRM □Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008. Signature of a member of authorized representative of a member lea

Page 2 of 2

Filing Fee: \$25.00