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(Re	equestor's Name)	
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D. BRUCE
SEP 1 5 2009
EXAMINER

COVER LETTER

TO:

TO: .	Registration Se Division of Cor					
SUBJE	ECT:	Housing D	evelopment LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Dia	na Giannina Minervine			
			Name of Person			
		G	MK Investments Corp.	* *		
			Firm/Company			
	240 Crandon Blvd. Suite 247					
			Address			
		Ke	y Biscayne, FL. 33149		7. 0	
			City/State and Zip Code		7117 PECI S 60	
	•	giannir	na@coboconstruction.com	antion)	SEP I	
For fun	ther information co	oncerning this matter, please c	·	sation)	ARY OF STASSEE, FLO	
	Diana Gi	annina Minervine	at (_305_)	361 6783	218 STA STA	
-	Name o	f Person	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Housing D	evelopment LLC)			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on	Nov 15, 2001	and assigned		
Florida document numberL01000019766					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company he	re:			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Comp	any," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	240 Crandor	Blvd. Suite 24	7		
(Principal office address MUST BE A STREET ADDRES	Key Biscayn	e, FL. 33149	SECURE ALLIAH		
Enter new mailing address, if applicable:	240 Crandor	n Blvd. Suite 24	TARY O		
(Mailing address MAY BE A POST OFFICE BOX)	Key Biscayn	e, FL. 33149	FLORIII		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>ente</u>	the name of the new		
Name of New Registered Agent: N/A					
New Registered Office Address:		·			
	Enter Florida street address				
	C:4	, Florida _	7: 0		
	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 = Ma MGRM = 1		· .	
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary)
 Dated	, _	ASSEE, FLORIDA	TAR OF STATE
	Dian	er or authorized representative of a member a Giannina Minervine d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00