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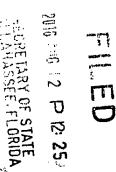
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COVER LETTER

TO: Registration S Division of Co			
I & H INV SUBJECT:	ESTMENTS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	٠.	*•	*
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	•
Please return all corresp	ondence concerning this matter	to the following:	
	Joel S. Piotrkowski, Esquit	re	
	<u> </u>	Name of Person	
	Green & Piotrkowski, PLL	С	
		Firm/Company	_
	317 - 71st Street		
		Address	
	Miami Beach, FL 33141		
		City/State and Zip Code	Salva Art Corre
	joel@gkppa.com``	o be used for future annual report notifi	ientian
For further information of	concerning this matter, please ca	•	carony
Joel S. Piotrkowski		305 901-1281	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

I & H INVESTMENTS, LI		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed	on December 3, 2002 and	d assigned
Florida document number L02000032376		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
The new name must be distinguishable and contain the words "Limited Liability Company.	," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		DN.CD
(Principal office address MUST BE A STREET ADDRESS)	inn page	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		arterior see
	No.	N
Enter new mailing address, if applicable:	Ta Ta	
(Mailing address MAY BE A POST OFFICE BOX)	S	<u>8</u> 0
	RATE	2
B. If amending the registered agent and/or registered office addressistered agent and/or the new registered office address here:	ess on our records, <u>enter the na</u>	me of the ne
Name of New Registered Agent:		
New Registered Office Address:	ster Florida street address	
	F24 - 4.1 -	
City	, Florida Zip C	Code
New Degistered Agent's Signature of changing Registered Agent	·	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Haim Yehezkel	210 - 71st Street, Suite 309	Add
		Miami Beach, FL 33141	Remove
			Change
MGRM	Haim Yehezkel, as Trustee of the Haim Yehezkel Revocable	210 - 71st Street, Suite 309	
	Trust Agreement dated May 30, 2002	Miami Beach, FL 33141	Remove
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ective date, if other than the date of effective date is listed, the date must be speci	filing:	(optional)	
<u>te:</u> If the date inserted in this block does	not meet the applicable statutory tiling	re than 90 days after filing.) Pursuant to requirements, this date will not be	o 605.02 e listed (
ument's effective date on the Departmen	d of State's records.		
record specifies a delayed effect	ive date, but not an effective ti	me, at 12:01 a.m. on the e	arlier
he 90th day after the record is f	iled.		
ed August D 5			
1 /4.	- 4/1/		
Signatur	e of a member or neutrorized representative r	of a member	
	UU	संव क	4 n=2,5
Haim Vehezkel Trustee			-4-5-134
Haim Ychezkel, Trustee	Typed or printed name of signee	<u> </u>	\$ \$
Haim Ychezkel, Trustee	Typed or printed name of signee	SSEF. P	֡֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟ ֓֞֞֞֞֞֞֞֞֞֞֞֞
Haim Ychezkel, Trustee	Typed or printed name of signee Page 3 of 3		ת כ