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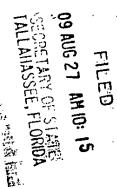
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B. KOHR

AUG 3 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	T&P Inv	vestments LLC	
SOBJECT.		ted Liability Company	M. M
	f Amendment and fee(s) are subsondence concerning this matter		
		Patricia Nigro	
		ivanic of reison	0
T&P Investments LLC			
		Firm/Company	JG 27 BELLEVIEW OF THE PROPERTY OF THE PROPERT
2140 S.W. Gatlin Blvd.			
		Address	TO THE STATE OF TH
	Pol	t Saint Lucie, Fl. 34953	SECRETARY OF STATE VALLAHASSEE, FLORID
		City/State and Zip Code	7
	E-mail address: (to be used for future annual report notifi	cation) T ₃ .
For further information	concerning this matter, please of	call:	
F	atricia Nigro		336-9900
	of Person	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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as if now appears of Florida Limited Liability Company)	our records.)				
(A	Florida Limited Liability Company)					
The Articles of Organization for this Limited Lia	ability Company were filed on	April 8, 2003	and assigned			
Florida document number L03000012	589					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	nble:	۰۰ برمو ا				
(Principal office address MUST BE A STREET		1	- S. Z.			
			A 10 2 11 1			
		*** *********************************				
Enter new mailing address, if applicable:			开究 圣 中			
(Mailing address MAY BE A POST OFFICE I	<u></u>	1 67	5			
		<u></u>	DA S			
R If amending the registered agent and/o	r radictored office address on our	ranawle antor t	s: ha nama of the nam			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:	Patricia Nigro					
New Registered Office Address:	2140 S.W. Gatlin Blvd					
	Enter Florida street address					
	Port Saint Lucie	, Florida	34953			
	City		Zip Code			
New Registered Agent's Signature, if changing Re	egistered Agent:					
I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this contains.	roper and complete performance of natered agent as provided for in Chaptegistered office address, I hereby contract of the con	ny duties, and I a er 608, F.S. Or, i afirm that the lim	m familiar with and if this document is ited liability			
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

Title Title <u>Name</u> **Address** Type of Action **MGMR** Patricia Nigro 2140 S.W. Gatlin Blvd. Port Saint Lucie, Fl. 34953 ☑ Add □ Remove ☐ Add 🗍 Remove Add 🔲 Remove ∏ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 25 2009 Dated_ Signature of a member or authorized representative of a member Patricia Nigro Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00