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SECRETARY OF STATE

M. THOMAS

JAN 2 7 2009

EXAMINER

COVER LETTER

Division of Co			,
SUBJECT: James	Curry Investments,	LLC	
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James T. Curry		
		(Name of Person)	
	James Curry Investment	s, LLC	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	536 NE 12th Avenue		0
		(Address)	
	Fort Lauderdale, FL 3330	01	09 JAN 26 AN II: 31 SECRETARISSEE FLORID
	<u> </u>	(City/State and Zip Code)	
			一
For further information of	concerning this matter, please c	all:	Ser is
James T. Curry		at (954 ⁻) 727 - 5966	
(Name	of Person)	(Arca Code & Daytime 1	Telephone Number)
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fec & 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

James Curry Investments, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our recolorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab	oility Company were filed on 05/14/2003	and assigned
Florida document number L03000017523	*	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		EST JA 2
(Mailing address MAY BE A POST OFFICE B	<u> </u>	53 5
		Fig. 3
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
	: FI	orida
	(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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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 Agen

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>	Name	Address	Type of Action
MGR	Daysy Curry		Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
··			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	FILED 09 JAN 26 AM H: 37 SECRETARY OF STATE
 Dated	Signature of a member	or authorized representative of a member	
	James T. Curry	or printed name of circus	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00