## L03000028627

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SECRE LANY OF STATE

B. BOSTICK

JAN - 3 2013

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

S & R INVESTMENT, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## **INGRID YUKEN**

Name of Person

S & R INVESTMENT, LLC.

Firm/Company

9999 COLLINS AVENUE, #3J

Address

BAL HARBOUR, FLORIDA 33154

City/State and Zip Code

IYNEWARENA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**INGRID YUKEN** 

Name of Person

<sub>.,,786</sub>、236-1726

Area Code & Daytime Telephone Number

12 DEC 31 PM 3: 20
SECRLIARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the 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

S & R INVESMENT, LLC	S	&	R	IN'	VESI	<b>MENT</b>	. LLC
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(Name of the Limited Liability Company as it now appears on our records.)

(A FIC	orida Limited Li	авину Сопірану)			
The Articles of Organization for this Limited Liabi Florida document number <u>L03000028627</u>	lity Company v	were filed on 08/04/200	93	_ and assig	ned
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the		ity company here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Company," the	designation "LLG	C" or the abl	 oreviation
Enter new principal offices address, if applicabl	e:	1023 N.W. 3 AVEN	UE TA	121	
(Principal office address MUST BE A STREET A		MIAMI, FLORIDA 3	3136 全	τ. Ο	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>'X)</u>	1023 N.W. 3 AVEN		31 PM 3: 21	m o
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>enter the</u>	name of	the new
Name of New Registered Agent:	INGRID YUI	KEN		•	
New Registered Office Address:	9999 COLLINS AVENUE, #3J				
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address				
	BAL HARBO	DUR	, Florida <u>331</u>	Florida <u>33154</u>	
		City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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.

On Melon 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 <u>Title</u> <u>Name</u> **Address Type of Action** SALOMON YUKEN 10101 COLLINS AVENUE, #9A **MGRM** BAL HARBOUR, FLORIDA 33154 10101 COLLINS AVENUE, #9A SALOMON YUKEN BAL HARBOUR, FLORIDA 33154 Remove **INGRID YUKEN** 10101 COLLINS AVENUE, #9A BAL HARBOUR, FLORIDA 33154 Remove **INGRID YUKEN** 9999 COLLINS AVENUE, #3J MGRM BAL HARBOUR, FLORIDA 33154 Remove Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessar	y.)
<u> </u>		
Dated DECEMBER 29,	, 2012	
-Q	want Muser	
Signature	of a member or authorized representative of a member	
INGRID YUKEN		
	Typed or printed name of signee	

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Filing Fee: \$25.00

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