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SECRETARY OF STATE
TAIL AHASSEE. FLORIO

J. BRYAN

JUN - 2 2009

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	ACG In	vestments, LLC		15 S
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company		JE - L
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		SEE
Please return all corres	spondence concerning this matte	r to the following:		09 JUH-1 PH 1:48 SECRETARY OF STATE FALLAHASSEE, FLORIO
	A	lejandro C. Trasobares		<i>v</i>
		Name of Person		
	A	CG Investments, LLC		
		Firm/Company		
	•	Address		
		Miami, FL 33127		
		City/State and Zip Code	cast net	
For further information	E-mail address: ( n concerning this matter, please of	to be used for future annual report	notification)	
	Jose Luis Rey	at (_305_)	372-8755	
Name	e of Person		ytime Telephone Numbe	r
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl-	osed) Certified	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildir	orporations ng e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACG Inve	stments, LLC			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appeared Liability Company)	rs on our records.)	_	
The Articles of Organization for this Limited Liability Compa	any were filed on	01/21/2004	and assigned	
Florida document numberL0400007251				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>'e</u> :		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compa	any," the designation	"LLC" or the abbreviatio	
Enter new principal offices address, if applicable:			PS 09	
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		ARE S	
			ASSE	
	•		파우 교 !!!	
Enter new mailing address, if applicable:			- FS - O	
(Mailing address MAY BE A POST OFFICE BOX)			PATE &	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		- FI +1		
	Enter Florida street address			
		, Florida _		
	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, 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
MGRM	Carlos Nunez	14222 SW 17th Street Miami, FL 33177	Add ☑ Remove
	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			_□Add _□Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary)  AHE ARY  CE	
		E FLORIDA	- F D
Dated	Thorn 2009	·	
•	ALEJONORO C. TRAK	authorized representative of a member  SOBLESS  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00