

G. MCLEOD

SEP 28 2010

EXAMINER



600185657826

09/27/10--01019--004 **25.00

FILED

10 SEP 27 PH 4: 31

SECRETARY OF STATE
ALLAHASSEF, FIRE

COVER LETTER

	Division of Corpo			•	
SUBJECT	Γ:	TRABBIA IN	IVESTMENTS LLC		
Name of Limited Liability Company					
The enclos	sed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspond	ence concerning this matter	to the following:		
			DAVID HIRSCH Name of Person		
		HIRSCH	AND COMPANY CPAS IN	IC.	
			Firm/Company		
		175 W CAMINO REAL			
			Address		
BOCA RATON					
			City/State and Zip Code		
		DAV	E@HIRSCHCPAS.COM to be used for future annual report noti	fication)	
For further	r information con	cerning this matter, please of			
DAVID HIRSCH		at (561)	367 7371		
Name of Person			Area Code & Daytin	ne Telephone Number	
Enclosed i	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	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COUR Registration Secti Division of Corpo Clifton Building	on orations		
Tallahassee, FL 32314			2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RABBIA INV	ESTMENTS LLO	C			
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	s on our records.			
The Articles of Organization for this Limited Liability Compa	ny were filed on	05/12/2005	and a	assigned	
Florida document numberL05000049326					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited li</u>	ability company here	;			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compar	ny," the designation	'LLC" or th	e abbreviation	
Enter new principal offices address, if applicable:			<u></u> _		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>	<u> </u>	
			<u> </u>	**************************************	
			PAS AS	arguyahan	
Enter new mailing address, if applicable:			£ ²		
(Mailing address MAY BE A POST OFFICE BOX)					
			#: 3	Ü	
B. If amending the registered agent and/or registered		ur records, <u>enter</u>	the name	of the nev	
registered agent and/or the new registered office address h	<u>ere</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		Zip Co	ode .	

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 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	Name	Address	Type of Action
MGRM	FASOLINO A ORLANDO	10387 OAK MEADOW LANE LAKE WORTH, FL 33467	Add Remove
			Add Remove
~ 			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
			<u>-</u>
	SEPTEMBER 17_	2 010	
Dated	(1)ho	mber or authorized representative of a member	
4	/	IROLAMO ORLANDO	
	Ty	vped or printed name of signee	

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Filing Fee: \$25.00