

FROM: LAZARUS

FAX NO: 305 220 1440

Oct. 31, 2008 11:19 AM
<http://www.sos.state.fl.us/scripts/crm/crmv.exe>

W5 0000 51493

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000247477 3)))



H080002474773ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from the page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 31 AM 8:04

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LENDSSA INVESTMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

NOV - 3 2008

EXAMINER

RECEIVED

08 OCT 31 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H08000247477

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lendssa Investment Group LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/24/05 and assigned Florida document number L05000051493

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

115 Ponce de Leon Boulevard
Coral Gables, FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

115 Ponce de Leon Boulevard
Coral Gables, FL 33135

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: _____

New Registered Office Address: _____

(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 Changing Registered Agent, Signature of New Registered Agent)

H08000247477

H08000247477

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
mgr	CARLOS MARTINEZ	115 Ponce de Leon Blvd CORAL GABLES, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Glen A. Johnson	115 Ponce de Leon Blvd CORAL GABLES, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Suzette Laurent	2780 N.W. 159th Terrace MIAMI LAKES, FL 33106	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10/8/08



Signature of a member or authorized representative of a member

Erdvis Salabria

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H08000247477

2008 OCT 31 AM 8:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED