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COVER LETTER

ARSDA INVESTMENTS, LLC SUBJECT: 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: Michael S. Bloom Name of Person Michael S. Bloom, P.A. Firm/Company 4340 Sheridan Street, Suite 102 Address Hollywood, FL 33021 City/State and Zip Code mikebloom@lawyer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 981-9995 Michael S. Bloom Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
 Division of Corporations

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

ARSDA INVESTMENTS, LLC								
(Name of the Limited	d Liability Compar A Florida Limited L	ny as it now appears on o iability Company)	ur records.)	 ,				
The Articles of Organization for this Limited Lia Florida document number L05000077936	bility Company	were filed on August 9	, 2005	and assigne	ed			
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of (the limited liabi	lity company here:						
The new name must be distinguishable and contain the wo Enter new principal offices address, if applical Principal office address MUST BE A STREET	ble:	ity Company," the designa	tion "LI.C" or the ab	breviation "L.L.C."				
Enter new mailing address, if applicable:		20846 Northwest 32nd	d Avenue					
(Mailing address MAY BE A POST OFFICE BOX)		Aventura, FL 33180-3654						
B. If amending the registered agent and/oregistered agent and/or the new registered offit Name of New Registered Agent: New Registered Office Address:			by-Vax	A STORY OF THE CORE	he new			

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Aventura, FL 33180-3654	Remove
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Typed or printed name of signee

Filing Fee: \$25.00