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S. HAWKES

SEP 09 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Capital Investors Group, 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:

Mark Perlman, Esq.

Name of Person

Mark Perlman, P.A.

Firm/Company

1820 E. Hallandale Beach Blvd.

Address

Hallandale, FL 33009

City/State and Zip Code

✓ mperlman@bellsouth.net

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

For further information concerning this matter, please call:

Mark Perlman, Esq.

Name of Person

at (954 ) 456-1333

Area Code & Daytime Telephone Number

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**

Capital Investors 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 Sept. 12, 2005 and assigned  
Florida document number L05000089620.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: Mark Perlman, Esq.

New Registered Office Address: 1820 E. Hallandale Beach Blvd.

*Enter Florida street address*


Hallandale, Florida 33009

*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**

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

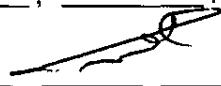
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas Mayer	130 S. University Dr. #A Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Yehuda Haviv	c/o Mark Perlman, Esq. 1820 E. Hallandale Bch Blvd Hallandale, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ariad Sommer	9340 NW 10th Ct. Plantation, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Shlomo Avganim	19901 E. Country Club Dr. #604 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dani Albo	421 Hollywood Blvd. Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 8, 2009



Signature of a member or authorized representative of a member

Yehuda Haviv

Typed or printed name of signee