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| (Re | questor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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SCURTARY OF STATE
ALLAHASSFFIFINDIN

S. HAWKES

APR 2 7 2010

EXAMINER

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|----------------------|--------------------------------------|--|--|-----------------------------|---|
| SUBJ | ECT: | M&S Inv | estment, LLC | | |
| | | Name of Limite | ed Liability Company | | • |
| The en | closed Articles of A | amendment and fee(s) are subr | nitted for filing. | | |
| Please | return all correspon | idence concerning this matter t | to the following: | | |
| | | | Sharon Shayner Name of Person | | _ |
| | | | Name of Ferson | | |
| | M&S Investment, LLC | | | | |
| | | | Firm/Company | | |
| 18361 NW 27th Street | | | | | |
| | | | Address | | _ |
| | | N | liami, Florida 33056 | | |
| | | IV | City/State and Zip Code | | |
| | | E-mail address: (to | be used for future annual repo | rt notification) | - |
| For fu | rther information co | oncerning this matter, please ca | dl: | | |
| | | oreno Habif | at (305) | 573-0967 | |
| | Name of | Person | Area Code & | Daytime Telephone Numb | per |
| | • • | | | | |
| Enclos | sed is a check for the | e following amount: | | | |
| √ \$2 | 5.00 Filing Fee | \$30.00 Filing Fee & Cortificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is er | Certifi (closed) Certifi | Filing Fee, cate of Status & led Copy onal 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

| M&S Investr | nent, LLC | | | |
|--|---|----------------------------|-------------------------|--|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | y as it now appears (ability Company) | on our records.) | 6 | |
| (| 1 | 7 | 20 to 1 | |
| The Articles of Organization for this Limited Liability Company | were filed on | 9/16/2005 | and assigned | |
| Florida document numberL05000091464 | | | 35 | |
| | | | 18 P. 18 | |
| This amendment is submitted to amend the following: | | | 1007 13 | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | OF C | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company | v," the designation "Ll | _C" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | <u> </u> | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | r records, <u>enter th</u> | ie name of the new | |
| registered agent and/or the new registered office address nere | :• | | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | Ente | r Fiorida street addr | ess | |
| | | | | |
| | City | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | <u>.</u> . | |
| 11011 AND AND THE STATE OF STATE OF STATE AND | | | | |

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> | Name | <u>Address</u> | Type of Action | | |
|---------------------------------|-------------------------------------|--|---|--|--|
| MGRM | MORENO HABIF | 1440 South Biscayne Point Road Miami Beach, FL 33141 | Add Remove | | |
| | | <u> </u> | Add | | |
| | | | Remove | | |
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| | | | Adin Adin Adin Adin Adin Adin Adin Adin | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| D. If amend | ding any other information, enter o | change(s) here: (Attach additional sheets, if necessary | ·.) | | |
| _ | | | | | |
| | | , | | | |
| Dated | Ápril 21 | 2010 | | | |
| | × | | | | |
| | Signature of a m | ember or authorized representative of a member Sharon Shayner | | | |
| Typed or printed name of signee | | | | | |

Page 2 of 2

Filing Fee: \$25.00