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FEB 19 2010

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	·CT·	Atherton I	Investments, LLC			
SOBOL		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are suit	bmitted for filing.			
Please	return all correspo	ndence concerning this matter	r to the following:			
			Patricia A. Eables, Esq.	-		
			Name of Person			
		Р	atricia A. Eables, P.A.	_		
•			Firm/Company			
		300 8	300 Southard Street, Suite 108			
		The state of the s	Address			
		K	Key West, Florida 33040			
			City/State and Zip Code			
		1	pckeywest@live.com			
		E-mail address:	(to be used for future annual report notification)	MILLER 18 MILL 10		
For fur	ther information c	oncerning this matter, please	call:			
	Patricia	ı A. Eables, Esq.	at (305) 294-0400			
Name of Person			Area Code & Daytime Telephone Numb	er		
Enclos	ed is a check for th	ne following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	iling Fee, eate of Status & ed 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

(Name of the Limited	therton Inves	stments, LLC	on our records.)				
(<u>Name of the Limited</u> (A	Florida Limited	Liability Company)	,				
The Articles of Organization for this Limited Liability Company were filed on and							
Florida document number L05000110	6750						
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited lial	oility company here	•				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	nited Liability Compan	y," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applic	able:			李明 思			
(Principal office address MUST BE A STREE	ET ADDRESS)						
				en la compania			
Enter new mailing address, if applicable:		617 Front Stre	And the second				
(Mailing address MAY BE A POST OFFICE	BOX)	Key West, Flor	rida 33040				
B. If amending the registered agent and/ registered agent and/or the new registered o			ır records, <u>ente</u>	r the name of the new			
Name of New Registered Agent:	Patricia A.	Eables, Esq.	· 				
New Registered Office Address:	New Registered Office Address: 300 Southard Street, Suite 108						
Enter Florida street address							
		Key West	, Florida	33040			
		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 **Title** <u>Name</u> **Address** Type of Action MGRM Steven A. Atherton 617 Front Street ☐ Add Key West, Florida 33040 √ Remove Mary E. Atherton MGRM 617 Front Street ☐ Add √ Remove Key West, Florida 33040 **MGRM** Philip Cook 617 Front Street ✓ Add Key West, Florida 33040 ☐ Remove MGRM Kelly Cook 617 Front Street Key West, Florida 33040 Remove 3 $\bigcap Ad\widehat{\mathfrak{d}_{\infty}}$ ☐ Remove __Add___ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 11 2010 Dated_ Signature of a member or authorized representative of a member Patricia A. Eables (Authorized representative) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00