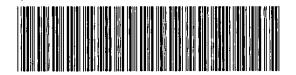
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T. CLINE

AUG 3 1 2010

EXAMINER

## **COVER LETTER**

10:	Division of Co				
SUBJE	······································	Gemma I	nvestments, LLC		
3023		<del></del>	ited Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please r	return all corresp	ondence concerning this matter	to the following:		
			Susan E. Edens		
			Name of Person		
		Ge	mma Investments, LLC	<del></del>	
			Firm/Company		
		10	100 Tremont Parkway, #2		
•			Address	TALLAHASS	
	:		Athens, GA 30606	AUG 30 P	
		CHEANE	City/State and Zip Code		
		E-mail address: (	DENS.SELLS@comcast.net to be used for future annual report notification)	STATE LORIDA	
For furt	her information	concerning this matter, please o	eall:	27 RIDA	
		san E. Edens	at (_404_) 775-2818		
	Name	of Person	Area Code & Daytime Telephone	Number	
Enclose	ed is a check for t	the following amount:			
<b>\$25.</b>	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Contact (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gen (Name of the Limited Limited Limited Limited Limited Limited Limited Limited Limited (A.F.)	nma Inves ability Compa orida Limited I	stments, LLC ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Liab	ility Company	were filed on03/0	3/2006	and a	assign	ed
Florida document number L0600002339	94					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:				
	Gemma	•				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limi	ited Liability Company," the o	lesignation '			eviation
Enter new principal offices address, if applicabl	e:	14259 Calypso Lane	!	IAL SE	76 <b>m</b> i	
(Principal office address MUST BE A STREET A	(ADDRESS)	Wellington, FL 3341	4		5 3	- California
Enter new mailing address, if applicable:		100 Tremont Parkwa	ıy, #2	Y OF S	~ ~ **	n
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Athens, GA 30606		ATE ORIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	e address her	e: pso Lane <i>Enter Florid</i> Vellington		ldress 334	114	he new
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	inager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			□ D
•			Ask Ask
			30 PAdd Remove
	•		<u>—</u> 5
D. If amend	ding any other information, ente	er change(s) here: (Attach additional sheets, if ne	
81-11-1			
Dated	August 23	2010	
	Signature of a	Susan E. Edens	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00