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(City/State/Zip/Phone #)

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09 JUN 25 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Ryan

JUN 26 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIG 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:

NAJMUS S. FARUQUI

Name of Person

FIG LLC

Firm/Company

18229 SW 54th Street

Address

MIRAMAR, FL 33029

City/State and Zip Code

SABINA9000@HOTMAIL.COM

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

For further information concerning this matter, please call:

NAJMUS FARUQUI

Name of Person

at (954) 448-1640

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

FILED

09 JUN 25 AM 10: 27

FIG LLC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 6/13/06 and assigned
Florida document number 206000060184.

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:

SABINA S. FARUQUI

New Registered Office Address:

18229 SW 54th Street

Enter Florida street address

MIRAMAR

City

Florida

33029

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.

Sabina S. Faruqui
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	NAJMUS FARUQUI	18229 SW 54 th Street MIRAMAR, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SABINA FARUQUI	18229 SW 54 th Street MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

09 JUN 25 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Dated June 23, 2009

SABINA FARUQUI NAJMUS FARUQUI

Signature of a member or authorized representative of a member

Typed or printed name of signee