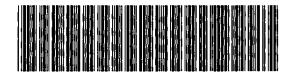
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2011 SEP -6 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

SEP -7 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
`, SUBJE	Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	LESTER LALL Name of Person
	TORONTO INVESTMENT Group 210.
	358 N. PARK Ave.
	WINTER PARK, F1. 32789  City/State and Zip Code  LES TER LALL & GMail. Com.  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (407) 592 0807  Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is

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

TODONTO	investment Gro	,01/C	2011 SEP - 6 RM 1: 36
(Name of the Limited Liability (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records	.) SECRETARY OF STATE TALLAHASSEE.FLORIDA
The Articles of Organization for this Limited Liability Florida document number 20600082	Company were filed on	8/18/200	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the lin	nited liability company her	<u>:e</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	nny," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	y <del></del>		
(Principal office address MUST BE A STREET ADD	RESS)		
	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del> </del>
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	<del> </del>		
	Enter Florida street address		
<u></u>	City	, Florid	a 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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u> M	LAKERAM NARAIN	1784 NATULE COVE LANE CLAREMONT, F1.	Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
· 			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	·)
			201 SE
Dated	91/11		ZOII SEP-6 RM I
-	V' L	ESTER LALL	1:36 FLORIDA

Page 2 of 2

Filing Fee: \$25.00