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	(Requestor	's Name)	
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	(Business	Entity Name)	
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SECRETARY OF SIME

COVER LETTER

Division of Co	orporations			
SUBJECT:	LLD INVEST	MENT GROUP, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		Lisa Hu Barquist		
		Name of Person		
		Firm/Company		
	2 Sout	h Biscayne Blvd., Ste. 1600		
		Address		
		Miami, FL 33131		
		City/State and Zip Code		
	huba E-mail address: (arquist@payton-law.com to be used for future annual report notificati	on)	
For further information	concerning this matter, please of			
Lis	sa Hu Barquist		500 ext. 13	
Name	of Person	Area Code & Daytime Te	lephone 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)	Section 1 Section 2 Sectio	
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: 1 Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLD Inv	vestment Group, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	11/01/06	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here	<u>2</u> :	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ur records, enter the	he name of the new
Name of New Registered Agent:	·		유 를 기
New Registered Office Address:	Fut	er Florida street a	
	Env	Florida ,	3 3
	City	, FIGURA <u></u>	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:		T

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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action **MGRM** Anly Liu 7200 N.W. 19th Street **✓** Add Remove Ste_302__ Miami, FL 33126 ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add

			
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		<u></u>	
ed	March 12	. 2011 .	

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

Remove

Signature of a member or authorized representative of a member Lisa Hu Baravist

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00