Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173 : (407)298-4646

Phone Fax Number

: (407)297-0588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:			

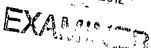
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATCH POINT INVESTMENT PROPERTIES, LLC

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## COVER LETTER

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(additional copy is enclosed)

TO: Registration Section Division of Corporations Match Point Investment Properties, LLC SUBJECT: \_ 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: James K. Duerr, CPA Name of Person Small Business Resources USA, Inc. Firm/Company 1601 Park Center Drive, Ste. 6A Address Orlando, FL 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA 298-4646 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee [**▽**]\$30.00 Filing Fee & ☐\$55,00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FAX AUDIT # 412,0000 53880 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Match Point Investment Properties, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

<b>(**</b> ** ** * * * * * * * * * * * * * * *	, , ,,		بې
The Articles of Organization for this Limited Liability Compa	nny were filled on	April 26, 2007	and assigned ${\cal S}$
Florida document numberL07000044912	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :	
	se Group, LLC		
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Comp	any," the désignation "L	LC" or the abbreviation
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 registered agent and/or the new registered office address h  Name of New Registered Agent:		our records, <u>enter t</u>	ne name of the new
Hallo VI IIV II (CASIS) SO MESTIC		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	· ·	nter Florida street addr	
	E.I	HEF A TUTIOU STEEM UUUF	613
		, Florida	
•	City		Zîp 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 Lam 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

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02/29/2012	12:44

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SBRUSA

PAGE 04/04

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: Fox punt # H1000 538103

MGR = Manager MGRM = Managing Member .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jae Hong	1583 E. Silver Star Rd. Suite 209 Ocoee, FL 34761	Add Remove
			Add Remove
<del></del>			Add Remove 
<del></del>			Add Remove
			Add Remove
-			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Auach additional sheets, if necessary.)	_
			<del>-</del>
Dated	January 27 . 2012	authorized representative of a member	
	Lynn A, 1	Thompson, MGRM printed name of signee	

Page 2 of 2

Filing Fce: \$25.00

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