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SECRETARY OF STATE
AHASSEE ELOPINA

T. HAMPTON

MAY 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VES TO INVESTO LLC.			
(Name of Limited Liability Company)			
	•		
The enclosed Articles of Amendment and fee(s) are submitted for filing.	, jo		
Please return all correspondence concerning this matter to the following:	· .		
DEISETA HESLOP	•		
DEISETA HES LOP (Name of Person)			
(Firm/Company)			
90 BOX 16552			
(Address)			
Plantation Fl. 33318			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
DEISCIP 14-5 LOP at (D4) 58 0 878 (Area Code & Daytime Telephone Number	r)		
Enclosed is a check for the following amount:			
(additional copy is enclosed) Certified	te of Status &		

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

(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>LOS 000019446</u>	re filed on 02 622 2068 and assigned
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 "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	08
(Principal office address MUST BE A STREET ADDRESS)	AHE M
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Y 29 PN 12: 52 ARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new
New Registered Office Address:	(Enter Florida street address)
	, , , , , , , , , , , , , , , , , , ,
	City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

(If Changing Registered Agent, Signature of New 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 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 Title Address **Type of Action** Name Allan Newton WGR □ Add AKE TA Remove □ Add Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated gnature of a member or authorized representative of a member Hes wo MGR
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00