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(Re	equestor's Name)	
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T. HAMPTON

MAY 1 9 2009

EXAMINER

COVER LETTER

* *,				
SUBJECT:	Pines Properties	and Investments,	LLC	
SUBJECT:		ted Liability Company	<u>, —— • </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
,				
		Timothy Quigley		
		Name of Person		
	Pines Pro	perties and Investme	nts, LLC	
		Firm/Company		
	1	780 NW 106 avenue		
Address				
	Pen	nbroke Pines, FL 330	26	
		City/State and Zip Code		
	tqu	uigley @ bellsouth.ne	t	
	E-mail address: (t	o be used for future annual rep	ort notification)	
For further information of	concerning this matter, please c	all:		
	nothy Quigley	at (_954_)	562-7764	
Name o	of Person	Area Code &	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
425.00 1 Hing 1 00	Certificate of Status	Certified Copy	Certificate of Sta	
		(additional copy is e		'1 IV
			(additional copy	is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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**

Pines Properties	and Investment	s, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appeanted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number L08000080466	npany were filed on	3\28\2009	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "L	LC" or the a	bbreviation
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADDRES	<u></u>			<u>D</u>
		<u>-</u>	<u> </u>	Sio
			<u> </u>	AETA PETA PETA
Enter new mailing address, if applicable:			80	875
(Mailing address MAY BE A POST OFFICE BOX)		- 	<u></u>	25 G
				AT
B. M. Const. P. M. Const. D. Const.			C)	N.S.
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres	ed office address on (<u>s here</u> :	our records, <u>enter th</u>	<u>ie name of</u>	the new
Name of New Registered Agent:				
New Registered Office Address:				
	ter Florida street addr	ess	3	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:			

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, 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>	Address	Type of Action
MGR	Laurie Connors	12023 NW 11 st Pembroke Pines, FL 33026	Add Remove
<u>MGR</u>	Vito Verga Jr.	1950 Seagrape Avenue Pembroke Pines, FL 33026	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF S DIVISION OF CORPO OPMAY 18 PM
Dated	Signature of a	nember or authorized representative of a member	RY OF STATE CORPORATIONS 8 PM 1: 55
	Jimothy 5	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00