L08000106950

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S. HAWKES

JUL 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 9.5M INVESTMENT, LLC
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:
RODRIGUEZ BIANCA MARYNA Name of Person IJSM INVESTMENT, LLC Firm/Company
If SM INVESTMENT, LLC.
55115W 132th AVE.
MIAMI, Fl. 33/75
City/State and Zip Code **RODRIGUE 2 84550 Bell South. Not E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BINNIA MADDRIGURZ at 305, 301-1097 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

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 Compa (A Florida Limited	any as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number <u>L 08000106950</u> .		***
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," th	e designation "LLC" or the abbre dation
Enter new principal offices address, if applicable:	Blanen M	KOORIQUEZ
(Principal office address MUST BE A STREET ADDRESS)	551/5. 11/119m1,	N 1324 Me. F1. 33175
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
·	City	, Florida 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	g the Managers or Ma	naging Members on our records, enter the dor removed from our records:	title, name, and address of each Manager
MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address Address	Type of Action
MIRN/	SANEHEZ-11	Medina Kolando 60 Edg	WATER DE LAND Add
MERM	Koverguez, K	Blanca Manya 55115	W13274 M. DAdd F1.33175 Remove
			Add Add Add Add Add Remove
			AddRemove
D. If amend	ding any other informa	ation, enter change(s) here: (Attach addition	al sheets, if necessary.)

Page 2 of 2

Signature of a member or authorized representative of a member

Blanea M. Kodriguez

Typed or printed name of signee

Filing Fee: \$25.00