## L09000014023

(R	Requestor's Name)
(A	address)
(A	address)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name) <sup>,</sup>
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

A. LUNT

AUG 2 6 2009

**EXAMINER** 

Office Use Only



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08/25/09--01019--020 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: , Registration Sec Division of Corp		200	·		
SUBJECT:		ESTMENTS, LLC:			
•	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		LEON BALZA		-	
		Name of Person			
	L & N GE	ENERAL FILING SERVICE	S	75 SE	
		Firm/Company		AL CR	7
	8181 NW	36TH STREET SUITE 10	01	2009 AUG 25 SECRETARY	こって
		Address		光 <b>P</b>	П
3		DORAL, FL 33166.		PH 2: 04 OF STATE EE, FLORID	
	, <b>,</b>	'City/State and Zip Code		2: 04 STATE ORIO	
	E-mail address: (0	o be used for future annual report notif	ication)		
For further information co	oncerning this matter, please c	all:			
	ON BALZA	at (_786_)	235-0909	···	
Name of	Person	Area Code & Daytim	e Telephone Numbe	er	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status &	ed)
	NG ADDRESS:	STREET/COURI Registration Section			

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. R. J. INVEST	MENTS, LL	<u>C.</u>	<del></del>	
(Name of the Limited Liability Compa (A Florida Limited I	liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	02/10/2009	and ass	igned
Florida document numberL0900014023				
This amendment is submitted to amend the following:			_	
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	2009 AUG	71
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designatio	ASSEE. PH	abbreviation
Enter new principal offices address, if applicable:		L RIDGE DR		
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPF	RINGS, FL 3306	SSR OF	
Enter new mailing address, if applicable:	2029 CORAI			
(Mailing address MAY BE A POST OFFICE BOX)	RINGS, FL 3306	35		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ent</u>	er the name o	of the nev
Name of New Registered Agent:				<del> </del>
New Registered Office Address:	nter Florida street	address		
		, Florida		
	City		Zip Code	3

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 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>Name</u>	<u>Address</u>	Type of Action
RAYMOND ABREU	16400 NW 14TH STREET PEMBROKE PINES, FL 33028	Remove
		Add Remove
		Add Remove
	ALCRE LAH	Add Remove
	ASSEE, FLOF	Remove  NG Add  Remove  NG Add  Remove
	ET DA	RAdd Remove
ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	*****
AUGUST 18 200	19 S Amon 1/5	·····
Signature of a member of	or authorized representative of a member	
1	AUGUST 18 200 Signature of a thember of JAV	RAYMOND ABREU  16400 NW.14TH.STREET  PEMBROKE PINES. FL 33028  LLVAY ASSET OF STATE  PEMBROKE PINES. FL 33028  LLVAY OF STATE  PEMBROKE PINES. FL 33028  PEMBROKE PINES. F