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EXAMINER

COVER LETTER

Division of C	orporations		
SUBJECT:		MENT GROUP, LLC	·
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		AMANDA BHIKHARI	
		Name of Person	
		Firm/Company	
	640	0 CROSSBOW COURT	5 ₀ 2
		Address	200 FEB
		DAVIE FL 33331 City/State and Zip Code	
	ABH	IIKHARI@GMAIL.COM to be used for future annual report notification)	
For further information	n concerning this matter, please of	·	
	ANDA BHIKHARI	at (_954_)529-71	
Name	e of Person	Area Code & Daytime Telephor	e Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURIER ADD	RESS:

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A INV	ESTMENT GROUP,	LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appear la Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability	y Company were filed on	3/1/2009	and assi	gned	
Florida document numberL0900020146					
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liability company he	re:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "	LLC" or the a	bbreviatio	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)	·			
			い	gan amana)	
Enter new mailing address, if applicable:				EAST	
(Mailing address MAY BE A POST OFFICE BOX)			3. Z	,	
			57 5		
B. If amending the registered agent and/or req registered agent and/or the new registered office a	gistered office address on a	our records, <u>enter</u>	the name of	the nev	
registered agent and/or the new registered office a	uui ess nei e.				
Name of New Registered Agent:					
New Registered Office Address:					
	En	Enter Florida street address			
_		, Florida	~		
	City		7 in 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing</u>: Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action **Address** <u>Title</u> **Name GANGADAI BHIKHARI** MGRM 6400 CROSSBOW COURT □Add Remove DAVIE FL 33331 ☐ Add Remove Add ☐ Remove ☐ Add Remove ._□Ajdd Remove Remove 35 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00