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S. HAWKES

SEP 1 6 2010

EXAMINER

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations			
SUBJECT:	NEW US IN	VESTMENTS LLC		
SOBJECT.		ed Liability Company	**************************************	
•		,		
The enclosed Article	s of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
		Michael A. Capiro		
•	Mi	chael A. Capiro, P.A.		
		Firm/Company		
9130 S. Dadeland Blvd., Suite 1600				
		Address		
		Miami, FL 33156 City/State and Zip Code		
	mca	piro@capirolegal.com  be used for future annual report noti		
			fication)	
For further informati	on concerning this matter, please ca	au:		
	lichael A. Capiro	at (_305_)	982-7824	
Na	me of Person	Area Code & Daytin	ne Telephone Number	
Enclosed is a check to	for the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)	
Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW US INVEST	MENTS LLC		
(Name of the Limited Liability Company of the Limited Liab (A Florida Limited Liab	is it now appears of	our records.)	
	,,		
The Articles of Organization for this Limited Liability Company we	re filed on	4/2/2009	and assigned
Florida document number L09000032214			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:	700	68
The new name must be distinguishable and end with the words "Limited	Lighility Company	the designation #	C" or We abbreviation
"L.L.C."	Liaomity Company,	The designations	
Enter new principal offices address, if applicable:			
		<u> </u>	<b>E E E</b>
(Principal office address MUST BE A STREET ADDRESS)		,	
<del>-</del>		,,	<b>電示 る</b>
			7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
D. If we shall all the state of		manude autor th	a name of the new
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	aduress on our	records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Futav	Florida street addre	200
	Diller .		
	72.	, Florida	7in Cada
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office an company has been notified in writing of this change.	e performance of i	nv duties, and I an ter 608, F.S. Or, ij	n familiar with and this document is
If Changle	ig Registered Agent, §	Signature of New Regi	stered Agent

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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>	Name	Address	Type of Action
MGRM	Flora Laist De Levenzon	900 NE 195 Street, Apt 406 Miami, FL 33179	_ ✓ Add Remove
<del></del>			Add Remove
<u></u>			SHAdd-II
Made all these object to the consense			H Had Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	
***************************************			
<u> </u>			<u></u>
Dated	August 30 , 2010	July 2	
		pathorized representative of a member	
	Nesk	or A. L'evenzon printed name of signee	
	ı yped or	prince name of signee	

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Filing Fee: \$25.00