

FROM : LAZARUS

FAX NO. 305 220 1440

21 2009 04 3PM 01
https://enr.state.fl.us/scripts/efilcovr.exe

109000037196

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000127130 3)))



H090001271303ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 21 AM 8:52

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

US TRUST INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

09 MAY 21 AM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

MAY 22 2009

5/21/2009 3:54 PM

EXAMINED

H09000127130

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US TRUST INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-16-2009 and assigned Florida document number L09000037196

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9720 SW 184 st Apt 102

Miami, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9720 SW 184 st Apt 102

Miami, FL 33157

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

9720 SW 184 st Apt 102

(Enter Florida street address)

Miami

Florida

33157

(City)

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

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)

H090000127130

FILED
2009 MAY 21 AM 8:52
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

FROM : LAZARUS

FAX NO. : 3052201440

May. 21 2009 05:00PM P3

H09000127130

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

Title	Name	Address	Type of Action
		9720 SW 184 ST #102 Miami FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 MAY 21 PM 8:55
TAX
FEDERAL
RECEIVED
HASSLER
STATE
FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NEW OFFICERS ADDRESS.

9720 SW 184 ST APT. 102

Miami FL 33157

Dated May 21 2009.

Signature of a member or authorized representative of a member

Johany Perez

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000127130