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(Re	equestor's Name)		
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C. LEWIS

AUG 1 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:	MMSN INVESTMENT GROUP LLC					
5000E1.	Name of Limit	ed Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	lence concerning this matter	to the following:				
	7588 TOSCANA BLVD # 411					
	Name of Person					
MMSN INVESTMENT GROUP LLC						
Firm/Company						
	7588 TOSCANA BLVD # 411					
		Address				
	Ol	RLANDO , FL 662819				
City/State and Zip Code						
luis.naim@hotmail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	IS NAIM	at (407) Area Code & Daytim	595-5259			
Name of F	Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for the	-	Flore on Pili in a	F*************************************			
✓ \$2 5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certificate Copy (additional copy is enclosed)			
Registrat Division P.O. Box	of ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle			

A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 AUG 10 PM 1: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MMSN INVESTMENT GROUP, LLC

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

(A Florida Limited Li	ibility Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on	05/12/09	and assigned
Florida document number L09000046161			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here	ce address on our	records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street add	ress
		, Florida	
	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 complet accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	te performance of ovided for in Chat	my duties, and I a oter 608, F.S. Or.	m familiar with and if this document is
If Chang	ing Registered Agent,	Signature of New Re	gistered Agent

Page 1 of 2

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> Type of Action Name | <u>Address</u> JOSEPH N GEIER MGRM 2205 WARWICK WAY SUITE 2005 ✓ Add MARRIOTTSVILLE Remove MARYLAND 21104 ☐ Add Remove Remove Remove \square Add Remove ∏Add Remove 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 **LUIS NAIM** Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

H