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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

T. Burch DEC. 2 2013

COVER LETTER

¹ΓO: Registration Section Division of Corporations

American Investments Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lina Baron

Name of Person

American Investments Group LLC

Firm/Company

3650 NW 82 AV Suite 402

Address

Miami, FL 33166

City/State and Zip Code

linabaron@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lina Baron

,305,7936665

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

flowerican Investme	ty Company as it now appears on our recor Limited Liability Company)	·de)
(A Florida	Limited Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Liability	Company were filed on May 29, 2009	and assigned
Florida document number L0900052458	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo	ands with instead I tability Commons with a decision	estion 51 I C ³⁵ or the althoughting
"L.L.C."	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		≥
(Principal office address MUST BE A STREET ADD	RESS)	NO THE
	-	SSE 25 EE
Enter new mailing address, if applicable:		. For ≥ 0
(Mailing address MAY BE A POST OFFICE BOX)		- 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
		<u> </u>
B. If amending the registered agent and/or regis	stared office address on our records	enter the name of the nev
registered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	rout address
	, Flo	rida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			ALLAND Remove	
			Z5 M SSEE, FL	
			FLORIDA Add	
			Remove	
			Add	
			Remove	
			Add	
		Remove		
			Add	

•	g'any other information, enter change(s) here: (Attach additional sheets, if necessary.) interest in the company is amendaded as follows:
Ces	sar Baron 50%
Lin	a Baron 50%
 Nove	ember 20 2013
Dated NOVE	Signature of a member or authorized representative of a member
L	ina Baron
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED

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