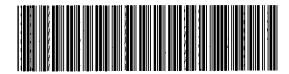
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D. BRUCE
JUN 1 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JULINI INVESTEMENTS 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:				
Name of Person				
TLLINI Investments LLC Firm/Company				
9200 5. Dade land 310d #705				
City/State and Zip Code City/State and Zip Code Teve & IPCOOP. Com E-mail address: (io be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stepe 72.151 at (305) 670-9660 Signature Telephone Number Signature Telepho				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{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

TLL-INI INVESTMENTS 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 <u>Fulf 13 2009</u> and assigned Florida document number <u>L0900067340</u>.

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 w "L.L.C."	ords "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		SSS 2
Enter new mailing address, if applicable:		E P I
(Mailing address MAY BE A POST OFFICE BO		C & C
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
		, Florida
	Citv	Zip 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Ť

MGR = Manager

MGRM = Managing Member Title -Address Type of Action Name MGRM Sawyer, Joseph R 9200 S. Dada land 312d. Add Remove Mrun, FL 33156

MGR Sawyer, Joseph R 9200 S. Dada land 312d. Add Remove Mram: FL 33:56 ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Tune 7 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00