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SECRETARY OF STATE

ALL AHASSEF FROM

D. BRUCE

JUL 2 2 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:C	1 Press Ind. Name of Lim	ectment Group, Cited Liability Company	<u>cc</u>		
	Amendment and fee(s) are sul	-			
	ERICADO	Pecelles Name of Person			
		Firm/Company			
	1138 Kyle	e wood Ln		\	
	Brandon Fre @ Pa	Address FL 33511 City/State and Zip Code Desty Servaniae . Cc to be used for future annual report notifica			Į
_	neerning this matter, please c		tion)	PHIZ: 35	
Ever Decel	les Person	at (S13) (554-59) Area Code & Daytime T	Celephone 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)	S60,00 Filing Fee Certificate of S Certified Copy (additional copy	Status &	
	vo a Nadroc		NADDDCCC.		

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

Cypress Invest (Name of the Limited Liability Compa	MENT Group, LL	<u></u>
(A Florida Limited 1	Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on July 17th 2	and assigned
Florida document number <u>LO900069Z10</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
EDJE Investment () The new name must be distinguishable and end with the words "Lim ()L.C."	Servoup, LCC ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SEC SEC
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		LED PHIZ: 35 SSEE. FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	- 12 12 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Enter Florida street	address
	, Florida	Zip Code
	Cuy	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:

MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
<u> </u>			——————————————————————————————————————
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			Damaya
			
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if r	nocassas,)
i, ii alicii	any other information, enter en	ange(s) nere: (Mach datambhar sheets, y r	
			09 JUL 21 SECRETARY ALLLAHASSE
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Dated	7/20/2009 ,	2009.	
		nber of authorized representative of a member	
		Decelles //ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00