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SECRETARY OF STATE
ALLAHASSEE, FLORIE

## **COVER LETTER**

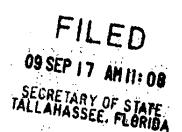
Registration Section

**Division of Corporations** 

TO:

SUBJECT:	CACTUS INVE	STMENT GROUP LI	_C			
	Name of Limi	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		MARY HICKEY				
		Name of Person				
		Firm/Company				
	701 W CYPRESS CREEK RD					
	FTI		a			
	FT LAUDERDALE, FL 33309  City/State and Zip Code					
	MHIC R mail address:	KEY@CSC-CORP.CO to be used for future annual report	M			
For further information	concerning this matter, please c	•	nottrication)			
M	ARY HICKEY	at (_954_)	548-3208			
Name	of Person	Area Code & Da	sytime 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 encl	S60.00 Filing Fee, Certificate of Status ( osed) Certified Copy (additional copy is er			
Regis Divis P.O. I	MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  STREET/COUR  Registration Section  Division of Corporation Original Division Origi		orporations ng ve Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## CACTUS 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 Li	ability Company were filed on	8-20-2009	and assigned	
Florida document numberL09000081	283			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company he	re:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	pany," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	TADDRESS)			
			<del>_</del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE A	BOX)	•		
B. If amending the registered agent and/or registered agent and/or the new registered of	0	our records, enter (	the name of the new	
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
-	E	Enter Florida street address		
		, Florida City Zip Code		
	City		Zip Code	
New Registered Agent's Signature, if changing F	Registered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as registering filed to merely reflect a change in the place in the	roper and complete performance stered agent as provided for in C	e of my duties, and I c Chapter 608, F.S. Or,	am familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 **Type of Action** Address Title Name MGR MICHAEL FEORENE 9425 EAST CASITAS DEL RIO DRIVE Add SCOTTSDALE, AZ 85255 ✓ Remove CHRISTIAN SACCAL MGR 5 ROLLING HILLS RD ✓ Add HARRISON, NY 10524 Remove MGR JONATHAN BEHLING 425 EAST 13TH APT GB ✓ Add NEW YORK, NY 10009 ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 14 2009 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00