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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Co	ection . rporations				
SUBJECT:	HOME 4 YOU INVEST		<u>C</u>		
The enclosed Articles of	Amendment and fee(s) are submitted	for filing.			
Please return all correspondent	ondence concerning this matter to the	following:	·		
	SA	ID E. LOPEZ			
Name of Person					
HOME 4 YOU INVESTMENT GROUP, LLC					
Firm/Company					
6303 BLUE LAGOON DRIVE, SUITE # 400					
Address					
MANAL EL 2040C					
MIAMI, FL 33126 City/State and Zip Code					
	SAID.LOF	PEZ@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report notific	ation)		
For further information	concerning this matter, please call:	i pom i parigoni m Na limbo parigoni	^1 :		
SA	ID E. LOPEZ	at (_305)7	'81-8501		
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee		\$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

HOME 4 YOU INVESTI	MENT GROU	P, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>v as it now appears</u> ability Company)	on our records.)		
(11101000 21111000 21111	acting Company)			
The Articles of Organization for this Limited Liability Company v	were filed on	09/23/2009	and assign	ed
Florida document number L0900092075				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	•		
A. If amending name, enter the new name of the minited habit	пу сопірану цеге	•		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compan	y," the designation "	LLC" or the abbi	eviation
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 offi	ica address on ou	er records enter	the name of t	he new
registered agent and/or the new registered office address here		ii records, <u>enter</u>	the name of t	ne new
	· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent:			4	
New Registered Office Address:			12 SE	
New Registered Office Address.	Ente	er Florida street ad	dresso =	
				·2300023
		, Florida	S. S. 2	erenzania.
	City		Tip Code	m
New Registered Agent's Signature, if changing Registered Agent:			TS T	
			ALS VIS VIS	
I hereby accept the appointment as registered agent and agre	e to act in this cap	pacity. I further as	greeto comply	with
the provisions of all statutes relative to the proper and compl	ete performance d	f my duties, and I	am familiar wi	ith and

If Changing Registered Agent, Signature of New Registered Agent

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, 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>	<u>Name</u>	Address	Type of Action
MGRM	ROBERTO PERERA	6303 BLUE LAGOON DRIVE SUITE # 400 MIAMI, FL 33126	✓ Add Remove
			Add Remove
			Add Remove
 ,			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
-			
			<u> </u>
Dated	MAY 11	2012	
	Signature of	SAID E. LOPEZ Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00