Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000115148 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FAUL SALVER, P.A.

Account Number : I20020000087 : (954)389-1333

: (954)389-1397 Fax Number

L. SELLERS

MAY 18 2010

EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emm 4.7	Address:			
LIBIL	ACCITOSS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MODERNA INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moc (Name of the Limited L	erna Investments, LLC ability Company as it now appeal orida Limited Liability Company)	т <u>з ол our records.</u>)	
(A F)	orlda Limited Liability Company)		
The Articles of Organization for this Limited Liab		9/30/2009	and assigned
Florida document number L090000944	<u>23</u> .		
This amendment is submitted to amend the follow	ing.		
A. If amending name, enter the new name of the	e limited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with t	he words "Limited Liability Compa	my," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
			
Enter new mailing address, if applicable:			
*		·- <u></u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
			
New Registered Office Address:	En	ter Florida street add	rets
	, Florida		
	City	, 1.01.622	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe, being filed to merely reflect a change in the reg company has been notified in writing of this cha	ner and complete performance red agent as provided for in Ch istered office address, I hereby ange.	of my duties, and I a napter 608, F.S. Or, confirm that the lin	metamilier with and if this document is illed liability
	If Changing Registered Ages	nt, Signature of New Re-	
	Page 1 of 2		

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>	<u>A</u> ddress	Type of Action
MGRM	Zonia M. Campos-Moren	920 SW 153 Road Court Miami, FL 33194	Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessar)	<i></i>
			
	5/12	2010	
Dated	Rad	rador Spinlo	
	≫gnature of a n	nember or authorized representative of a member	
,		Salvador Spinello Typed or printed name of signee	~

Page 2 of 2

Filing Fee: \$25.00