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SECRETARSEE, FLORIDA

M. THOMAS

OCT 27 2009

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	JBJECT: HAVASU INVESTMENTS, LLC			
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.		
	spondence concerning this matte	_		
		JOHN N. BRUGGER		
		Name of Person		
	FOR	SYTH & BRUGGER, P.A.		
		Firm/Company	~3	
	600	FIFTH AVE. S. STE 207	TARE TO	
		Address	C C C	
		NAPLES, FL 34102	ZOUS OCT 26 PM 1:28 ZOUS OCT 26 PM 1:28 TALLAHASSEE, FLORIGH	
	IBBLIGGE	City/State and Zip Code R@FORSYTHBRUGGER.CO	OM FOR P	
	E-mail address:	(to be used for future annual report notific	ation)	
For further informatio	n concerning this matter, please	call:	D. C.	
	IN N. BRUGGER	(it \	63-6000	
Nam	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check fo	or 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 Status & Certified Copy (additional copy is enclosed)	
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAVASU INVES	STMENTS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our re</mark> Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document numberL09000099166	were filed on OCTOBER	14, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1423 NE 10TH STREE	ET #1
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 339	90
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILE PHONOTON
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida .	street address
		lorida
	City	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

<u>Title</u>	lanaging Member		
	Name	Address	Type of Action
<u> </u>			
			Пъ.
-			□ n
			→
			FOCT 26.
			Remarke Try
			
D. If amendi	ing any other information	n, enter change(s) here: (Attach additional sheet	
			
<u></u>			
Dated	10/20/	7 2009	
	Signati 70+	ire of a member of authorized representative of a men	mber

Page 2 of 2

Filing Fee: \$25.00