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B. BOSTICK
NOV 2 9 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LV INVESTMENT SOVEREIGN, WC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kimberly Knight	
LY INVESTMENT SOVEREIGH,	
1930 Harrison St # 503	
HJWd, FL 33020 City/State and Zip Code	- 100 h
Kimberty @ energy Smart Indu E-mail address: (to be used for future annual raport notification)	Stry.
For further information concerning this matter, please call:	
Kimberly Knight at 951 272 8518 x101 Name of Person Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	osed)
P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle	and the state of t

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Limited Liabili	ty Company)	, 1	
The Articles of Organization for this Limited Liabili Florida document number		e filed on	0 16 Za	and assigned
This amendment is submitted to amend the following	g: ,	·	DAI College Sollege	(2)
A. If amending name, enter the new name of the	limited liability	company here:	<u> </u>	
			25	्रंग <u></u>
The new name must be distinguishable and end with the "L.L.C."	words "Limited Li	ability Company,	" the designation"	LEC" or the abbreviation
Enter new principal offices address, if applicable:	1	9851 N	JE 29	Ave
(Principal office address MUST BE A STREET AL	DDRESS)	Suite Avent	1005 1701, Fl	33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	3851 N Suite Nevitur	JE 29 1005 2, FL	Ave 33180
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office a ddress here:	ddress on our	records, enter t	he name of the new
Name of New Registered Agent:	Josh	nua R	. Kon	, Esq.
New Registered Office Address:	18851	NE 2	9th A1	H # 1005
	Lucial	Enter I	Florida street add	ress 12100
	City	UY CA	, Florida <u> </u>	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 m Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 = Man MGRM = Ma	ager anaging Member	Address Change only					
Title	<u>Name</u>	Change only Address - New	Type of Action				
MGRM	Perez, Levy	18051 NE 29 NVC AVENTURA, CL 3318D					
MGRM	HH Property Network uc	same	Add Remove				
			Add Remove				
	·		Add Remove				
			Add Remove				
			Add Remove				
	ng any other information, enter change(s	here: (Attach additional sheets, if necessary.) addvess for	_ .				
F	Perez, Levy (M	GRM) &	`				
_		twork (MGRM) TO:				
wyvess:	18851 NE 29 1	tre # 1005	_				
	Aventura, FL	33180					
Dated NOV $\frac{22}{2}$, $\frac{201}{6}$							
Signature of a member or authorized representative of member							
Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00