LO 900004435

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| A | | | | |
| A. LUNT | | | | |
| NOV - 4 2009 | | | | |
| EXAMINED | | | | |
| EXAMINER | | | | |

Office Use Only



800162281348

11/02/09--01023--012 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

13 NOV -2 PM 1:

COVER LETTER

| | istration Section ision of Corporations | · | |
|--------------------------|--|---|--|
| SUBJECT: | FEJE Inve | estment Group | |
| Sobolic 1. | | d Liability Company | |
| The enclose | i Articles of Amendment and fee(s) are subm | itted for filing. | |
| | all correspondence concerning this matter to | · | |
| | | Erline Joseph | |
| | | Name of Person | ₹ 2 |
| | | | |
| | | Firm/Company | 2009 NOV -2 PI |
| | 4 | 20 NE 130 Street | <u> </u> |
| | | Address | |
| | N | . Miami, FL 33161 | PH I: IL |
| | | City/State and Zip Code | |
| | fej E-mail address: (to | egroup@mail.com be used for future annual report notification) | · |
| For further i | nformation concerning this matter, please cal | l : | |
| | Erline Joseph | at (786) 443-0 | 0845 |
| Name of Person | | Area Code & Daytime Telepl | hone Number |
| Enclosed is | check for the following amount: | | |
| ▼\$25.00 F | | 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 | STREET/COURIER AL Registration Section Division of Corporations | DDRESS: |
| Division of Corporations | | Clifton Ruilding | |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | FEJE Inv | estment Group LLC | > | | | |
|-------------------------------|---|--|----------------------------|-------------------------|--|--|
| (<u>Na</u> | me of the Limited Liability (A Florida I | Company as it now appear Limited Liability Company) | s on our records.) | | | |
| The Articles of Organization | for this Limited Liability C | ompany were filed on | 10/28/09 | and assigned | | |
| Florida document number | L09000104435 | | | | | |
| This amendment is submitted | to amend the following: | | | | | |
| A. If amending name, enter | the new name of the limi | ited liability company her | e : | | | |
| The new name must be distingu | ishable and end with the wor | ds "Limited Liability Compa | ny," the designation " | LC" or the abbreviation | | |
| Enter new principal offices | address, if applicable: | | 2 | | | |
| (Principal office address MU | <u>ST BE A STREET ADDR</u> | (ESS) | דיון | 20 | | |
| | | | <u> </u> | | | |
| Enter new mailing address, | if applicable: | | ži. | | | |
| (Mailing address MAY BE A | POST OFFICE BOX) | | > | | | |
| | | | | | | |
| B. If amending the regist | ered agent and/or regist | ered office address on o | ur records, <u>enter (</u> | the name of the new | | |
| registered agent and/or the | new registered office add | ress here: | | | | |
| Name of New Regis | tered Agent: | | | | | |
| New Registered Off | ice Address: | | | | | |
| | Enter Florida street address | | | | | |
| | | , Florida | | | | |
| | | 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

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 | Ferdinand Joseph | 420 NE 130 St N. Miami, FL 33161 | Add Remove |
| MGRM | Edner Joseph | 420 NE 130 St N. Miami, FL 33161 | Add Remove |
| MGRM | Jude Joseph | 420 NE 130 St N. Miami, FL 33161 | Add Remove |
| | | | ALL/JES PAdd HASSEE F STADD |
| D. If amend | ding any other information, enter | change(s) here: (Attach additional sheets, if necesse | AddRemove |
| | | | |
| Dated | October 30 | 2009 | ······································ |
| | Signature of a m | ember or suthorized representative of a member | |
| | | Erline Joseph Typed or printed name of signee | |
| | | r Aben or himien mame or signee | |

Page 2 of 2

Filing Fee: \$25.00