

L10000006426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

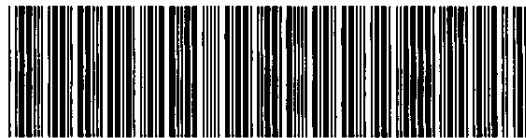
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

B. Tolson FEB 11 2010

Law Offices of
ROXANA I. NASCO, P.A.

Roxana I. Nasco, Esq.
LL.M. in Taxation
rnasco@yahoo.com

Tax & Estate Planning
Residential & Commercial Real Estate
Probate & Trust Administration
Business Succession Planning
Business Entities

FACSIMILE COVERSHEET

DATE: February 11, 2010
TO: Tammy Hampton
FROM: Roxana I. Nasco, Esq.
FAX NUMBER: 850-245-6030
NO. OF PAGES: 3
REGARDING: Articles of Amendment to Articles of Organization of MAM Invest US, LLC
ADDITIONAL COMMENTS: Per our conversation, please process this amendment soon as possible. Kindly let me know when this has been processed by calling (305) 858-2615.

SECRETARY OF STATE
TAMM LASSALLE, FLORIDA

10 FEB 11 PM 1:30

RECEIVED

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAM Invest US

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

10 FEB 11 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 01/19/2010 and assigned
Florida document number L10000006426

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAM Invest US, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Date: 2-9-2010

Signature of a member or authorized representative of a member

ALEXANDER MALIKIN

Typed or printed name of signer