## L100000/5064

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2010 HAR 15 PH E: 21
SECRETARY OF STATE
AHASSEE, FLORIDA

T. CLINE
MAR 1 6 2010

EXAMINE

## **COVER LETTER**

Division o	of Corporations			
SUBJECT:		TY INVESTMENTS 1	LLC	
	Name of Lim	ited Liability Company		
The enclosed Artic	les of Amendment and fcc(s) are su	bmitted for filing.		
Please return all co	rrespondence concerning this matter	r to the following:		
	EDU	ARDO E. DIEPPA III ESC	<b>).</b>	
		Name of Person		
	D	IEPPA LAW FIRM P.A.		
•		Firm/Company		
	2	095 WEST 76 STREET		
		Address		
		HIALEAH FL 33016		TA (2
		City/State and Zip Code		ECT JIO.
	<b>E</b> DIE	PPA@DIEPPALAW.COM	<u> </u>	MAR AHA
		(to be used for future annual report no	tification)	SSE S
For further informa	ation concerning this matter, please	call:		
EDUA	RDO E. DIEPPA III ESQ.	at ( 305 )	826-8266	2010 MAR 15 PM 2: 21 SECRETARY OF STATE ALLAHASSEE. FLORIDA
N	Name of Person		ime Telephone Number	21 10A
Enclosed is a check	k for the following amount:			
\$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified (	of Status &
N	MAILING ADDRESS:	STREET/COU	RIER ADDRESS:	

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONDISHAM REAL (Name of the Limited Liability Co. (A Florida Lim	TY INVESTMEN OMPANY AS IT DOW ADDEAS	IS1 LLC rs on our records.)			
The Articles of Organization for this Limited Liability Com Florida document number 10000 15064		2014: /2010	and a	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company her	r <u>e</u> :			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "L	LC" or the	e abbrev	 iation
Enter new principal offices address, if applicable:			SE	201	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		CR LA		
			AT :	<del>2</del>	-
			RY SEI	5	
Enter new mailing address, if applicable:			F. Of	P	П
(Mailing address MAY BE A POST OFFICE BOX)			- ST	<b>175</b>	-
•			<u> </u>	2	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter tl</u>	ne name	of the	<u>new</u>
Name of New Registered Agent:	····-	<del>_</del>			—
New Registered Office Address:					
	Er	nter Florida street addr	ess		
No. 10 10 10 10 10 10 10 10 10 10 10 10 10	<del></del>	, Florida	<u> </u>		_
	City		Zip Co	de	

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>	Name	Address	Type of Action
MGRM	INVESTMENTS LLL	175 FONTAINEBLEAU BLVD 2A5 MIAMI FL 33172	Add Remove
<u>MGRM</u>	ROBERTO DE MIZRAHI	175 FONTAINEBLEAU BLVD 2A5 MIAMI FL 33172	Add  Remove
MGR	ROBERTO DE MIZRAHI	175 FONTAINEBLEAU BLVD 2A5 MIAMI FL 33172	✓ Add — Remove
marm	ANDRES KORDA	SAME AS ABOVE	Add
			2010 MAR SECTANDO
			ARY O Add
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.	
_			<del></del> .
Dated	3 11 , 20	)10 //	_
	Signature of a member	r or authorized representative of a member	<del></del>
	Α.	NDRES KORDA	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00