L10000027662

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J. BRYAN

rEB 27 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			,
SUBJECT: DES		E INVESTMENT GROU	P, LLC
	Name of Lim	ited Liability Company	
5			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	TALLAHASSEE, FLORID
		JAMES MEDARD	12 2 K
		Name of Person	SEE FL
·		Firm/Company	OAIDA
	1021	IVES DAIRY RD STE 109	·
		Address	
	M	IAMI, FLORIDA 33179	
		City/State and Zip Code	
	JME	DARD74@GMAIL.COM	
		to be used for future annual report notifica	tion)
For further information (concerning this matter, please	call:	
JAN	IES MEDARD	at (954) 69	99-6299
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KILED IN MILITA

DESTINY REAL ESTATE INVESTMENT GROUP, LLC.

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

The Articles of Organization for this Limited Liability Company	were filed on	03/12/2010	and assigned
Florida document number L10000027662			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
JM INVESTMENT F	PARTNERS, IN	C.	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	993 NE 135TH STREET		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLOR	RIDA 33161	
Enter new mailing address, if applicable:	PO BOX 370	623	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33137		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	our records, enter t	
	Florida		
	City	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** P/T JAMES MEDARD <u>993 NE 135TH STREET</u> ☐ Add Remove N.MIAMI, FLORIDA 33161 **EVE MARY JEAN** S **993 NE 135TH STREET** ✓ Add N.MIAMI, FLORIDA 33161 ☐ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 02/15/2014 Dated_ Signature of a member or authorized representative of a member ames Medard Typed or printed name of signee

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Filing Fee: \$25.00