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(Requestor's Name) (Address)	700172849707			
(City/State/Zip/Phone #)	03/24/1001017018 **25.00			
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Office Use Only	T. HAMPTON MAR 2 5 2010 EXAMINER			

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¢	COVER LETTER
	tion Section of Corporations
SUBJECT:	PINELLAS INVESTMENT GROUP, LLC Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	BABU MUSHARRAF
	Name of Person
	Firm/Company
	6800, GEST N.
	Address
	PINellas Park, FL. 33781
	PINELLAS PARK, FL, 33781 <u>City/State and Zip Code</u> <u>Fmike & email. Gom</u> E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Babu	MUSharraf at (727) 541-1245, Name of Person Area Code & Daytime Telephone Number
	ck for the following amount:
\$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)
	MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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ARTICLES OF A				
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ARTICLES OF ORGANIZATION				
, OF				
Pinellas tuvestment				
• (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>ay as it now appears on our records.</u>) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L} 1 0 0 0 0 2 9$	were filed on $03 11 2010$ and assigned 884 .			
	'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	<u>ility company here</u> :			
The new name must be distinguishable and end with the words "Limit "L.L.C."				
Enter new principal offices address, if applicable:	6800,6657 N, Pinelles Park(FL, 33787			
(Principal office address MUST BE A STREET ADDRESS)	PINElles Parile, FL, 33782			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	TO HAR 21 SIGNET AND S			
registered agent and/or the new registered office address here	E S			
. Name of New Registered Agent:	μτ. 			
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 the provisions of all statutes relative to the proper and compl				

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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action		
MGR	MOSAMMAT	L.BEGUM, 10821, 62 AVE SEMINOLEIEL 33	Add Remove		
			Add Remove 		
			_ Add _ Remove		
<u> </u>			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	g any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	-		
			部に取 SECRETARY OF STATE JVISION OF CORPORATE		
Dated	<u>aajo</u> . U	utta	- ONS		
-	MOSAMMAT LU	ber or authorized representative of a member DTFA B-GMM · bed or printed name of signee			
Page 2 of 2					

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Filing Fee: \$25.00