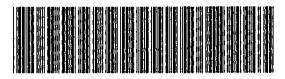
## L100000031268

Office Use Only



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10 NOV 25 PH 3: 57

J. BRYAN

NOV 3 0 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp		
SUBJI	ECT:	L & L SOUTHERN GROUP, L.L.C.  Name of Limited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are submitted for filing.	
Please	return all correspor	ondence concerning this matter to the following:	
		CARLOS A. MACCHI	
		Name of Person	
		WEALTH PROJECTS GROUP COMPANY	
		Firm/Company	
		P. O. BOX 161976	
		Address	
		MIAMI, FL 33116-1976	10 NON 25 PH 3: 57 SECRETARY OF STATE TALLAMASSEE, FLORIT
		City/State and Zip Code	最多
		macchiins@bellsouth.net	器 25
		E-mail address: (to be used for future annual report notification)	SEA P
For fur	ther information co	oncerning this matter, please call:	FIST
	CARLOS Name of	A. MACCHI at ( 3055 967-0471  f Person Area Code & Daytime Telephone Number	onlor -
Enclos	ed is a check for the	ne following amount:	
\$25	5.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Status &
		ING ADDRESS: STREET/COURIER ADDRESS: ration Section Registration Section	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & L SOUTHERN GROUP, L.L.C.

( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liabi Florida document numberL100000031268					
This amendment is submitted to amend the followi	ng:	To be			
A. If amending name, enter the new name of the	e limited liability company here:	Dr.			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company	," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>'</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new			
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>	Name			Addre	<u>ess</u>			<u>Typ</u>	e of Act	ion
MEMBER	Leonardo A	ariel L'e	estrange	7440 Miam	Harding i Beach	g Av	#405 33141	A ☑ R	.dd .emove	
MGRM	Ara <u>mis Her</u>	nandez	<del></del>		S.W. 18 i, Fl 3		#	X A R	.dd .emove	
								A	dd emove	
<del></del>			<del></del>					A	.dd emove	
<del></del>									dd emove	
			·					A	dd emove	
D. If ame	nding any other i	information,	enter change(	s) here:	(Attach add	litional s	sheets, if necessary	v.)	10	
_			<i>-</i>					LAHASSEE, F	·	
Dated <u>NC</u>	ovember 19		2010	·				TLORID.	3: 57 STATE	
			erdo Arie Typed or						-	

Page 2 of 2

Filing Fee: \$25.00