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EXAMINER



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SECRETARY OF STATE ONE SIGNATIONS OF CORPORATIONS 16

## **COVER LETTER**

TO:	Registration S Division of Co		*	es. ● par	
SUBJE	CT:	Name of Limi	ted Liability Company	ts LLC	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all corresp	ondence concerning this matter	to the following:		DIVISION TO J
		Keu	Name of Person		2 92
			Name of Person		12 JUN 29 PM 9: 16
		,	Firm/Company		— · · · · · · · · · · · · · · · · · · ·
		5725 L	We Washington Address	Rd	<del></del>
			City/State and Zip Code		
			· ·		
		E-mail address: (i	o be used for thure annual rep	oort notification)	
For furt	her information of	concerning this matter, please c	all:		
**	Keuin Name (	Downs of Person	at ( <b>954</b> ) <b>23</b> Area Code &	4-8085 z Daytime Telephone	Numb <b>er</b>
Enclose	ed is a check for t	he following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is a	enclosed) C	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

MULTI-MEGA	INVESTMENTS LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now apported Limited Liability Company	ears on our records.)	9,0
	oras similas bisomity Compan.	•	72 三流
The Articles of Organization for this Limited Liabi	lity Company were filed on _	3/30/10	Jan asserted
Florida document number	9 .	, ,	29 825
This amendment is submitted to amend the followi	ng:	ı <u>ere</u> :	PH 3: 16
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	ipany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicabl	e: <u>57</u>	25 Lake Wa	shinston Rd
(Principal office address MUST BE A STREET A		ourn, FL 3	*
Enter new mailing address, if applicable:	5 72	5 Lake Washi	nation Rd
(Mailing address MAY BE A POST OFFICE BO		over , FL :	_
B. If amending the registered agent and/or registered agent and/or the new registered office		ı our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		- #	
New Registered Office Address:	5725 Lake V	Vashington Ro	<u> </u>
		Enter Florida street aa	ddress
_	Mulborrac	, Florida _	32934
, -	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 Membér					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
	<u></u>		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<u> </u>			Add Remove		
D. If amer	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	<del></del> -		
<u>-</u>					
_			<del>_</del>		
Dated	June 18, 3				
	Signature of a mem	ber or authorized representative of a member	<u>.</u>		
	الومان Typ	n Downs ed or printed name of signee	<del></del>		

Page 2 of 2

Filing Fee: \$25.00