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JUL 23 2010

EXAMINER



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COVER LETTER

Division of Corpo	rations		
SUBJECT:		ESTMENT LLC	
	Name of Limit	ed Liability Company	
	•		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
•			
		ELIANA MOLINA	
•		Name of Person	
	E1 6	FA INVESTMENT LLC	
	ELI	Firm/Company	
		· · · · · · · · · · · · · · · · · · ·	
	96	51 DINNER KEY DR	
		Address	
	ВОС	CA RATON, FL 33498	
		City/State and Zip Code	The Control of the Co
		•	
	E-mail address: (to	o be used for future annual report notif	cation)
For further information con-	cerning this matter, please ca	all:	
ELIAN	IA MOLINA	at (954)	394-9726
Name of P	erson	Area Code & Daytim	394-9726 c Telephone Number
	,		
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee :	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

MICARIA SOLOF STATE

ELFA INVESTMENT 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 Liab	ility Company were filed on	APRIL 07, 2010	_ and assigned
Florida document numberL100000376	21		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	<u>ne limited liability company h</u>	ere:`	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Com	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			<u> </u>
(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 offic		our 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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	FRANCISCO ARROYAVE	19651 DINNER KEY DR BOCA RATON, FL 33498	Add Remove
			Add Remove
			Add Remove
			Add Remove
•			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			_
			
Dated 07.	(0)	<u>O</u> .	
	-	authorized representative of a member	
-		ANA MOLINA	

Page 2 of 2

Filing Fee: \$25.00