

JUN-11-2012 MON 11:02 AM
Division of Corporations

P. 001
Page 1 of 1

L1 00000049243

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000137540 3)))



H100001375403ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I200000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABD FAMILY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
10 JUN 11 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JUN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

JUN 14 2010

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ABD FAMILY INVESTMENTS, LLC

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

FILED
10 JUN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 07, 2010 and assigned
Florida document number L10000049243.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOLORES OBANDO	605 BLUE ROAD CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DOB FAMILY INVESTMENT LLC	605 BLUE ROAD CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PRD INVESTMENTS, LLC	21953 SW 128TH AVE MIAMI, FL 33170	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE UNITS OUTSTANDING WILL BE:

5,000 UNITS

Dated JUNE 11, 2010


Signature of a member or authorized representative of a member

DOLORES OBANDO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 11 AM 8:00

FILED