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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 1 8 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJE	СТ:		vestments, LLC ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		<u> </u>	Juan Carlos Riera Name of Person	
		Internation	al Compliance Solutions, LI	LC
		4770 Bis	scayne Boulevard, Suite 980)
•			Address	
		**************************************	Miami FL 33137 City/State and Zip Code	
			a@ics-compliance.com o.be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please c		
···-		Carlos Riera	at (305) S	965-2166 Telephone Number
Enclose	d is a check for th	ne 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)

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 ARTICLES OF ORGANIZATION **OF**

5404 Inves (Name of the Limited Liability Com (A. Plorida Limite	pany as if now appea d Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Compa	ny. were filed on	May 7, 2010 and assigned
Florida document number <u>L10000051061</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company he	<u>:re</u> :
	tments, LLC	
The new name must be distinguishable and end with the words "Li 'L.L.C."	mited Liability Comp	any," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		9
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	_	
 If amending the registered agent and/or registered registered agent and/or the new registered office address h 		our records, enter the name of the ne
egistered agene awayor the new registered office address as	<u>crc</u> .	
Name of New Registered Agent:		
New Registered Office Address:	E.	nter Florida strect address
	City	, Florida Zip Code
	City,	ыр соис

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

Page 1 of 2

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 Type of Action Title Title Name Address .□ Add Remove ☐ Add Remove ☐ Add ☐ Remove \square Λdd Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 14 2010 Dated _ Signature of a member of authorized representative of a member Giample of Riccio
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00