"L1000005le135"

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25 OKE KASSEE, FLORIDA

D. BRUCE
DEC 28 2011

EXAMINER

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	EX-L IN\	ESTMENT GROUP	, LLC		
	Name	of Limited Liability Company			
The enclosed	Articles of Amendment and fee(s)	are submitted for filing.			
Please return	II correspondence concerning this	matter to the following:			
		Domingo Abinade	er		
		Name of Person			
	A	B Multi Services and Inc	ome Tax		
		Firm/Company			_
		121 Webb Dr Ste 1	00	nang Managan	-
		Address		10	·
		Davenport, FL 338	27	DEC 27	
		City/State and Zip Code			Name of Street, or other Desiration of the Street,
		abmultiservices1@yaho	oo.com		
	E-mail ac	dress: (to be used for future annua	report notification)	FLORIDA	1
For further inf	ormation concerning this matter, p	lease call:)
	Domingo Abinader	at (_863_)	419-976	30	
	Name of Person		de & Daytime Telephone		
Enclosed is a	heck for the following amount:				
√]\$25.00 Fili	ng Fee \$30.00 Filing Fee Certificate of Si		is enclosed) (0.00 Filing Fee, Certificate of Status Certified Copy (additional copy is e	

MAILING ADDRESS:

TO:

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

(Name of the Limite	INVESTMENT GROUP,	LLC	
(Name of the Emitte	d Liability Company as it now appea A Florida Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited	Liability Company were filed on	05/24/2010	and assigned
Florida document numberL1000005	56135		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		***	17:
		יי די זיז	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u></u>	· •	· ·
			5H 9
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on office address here:	our records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:	SANTIAGO, JOHN	,	
New Registered Office Address:	1671 HINSON AVE		
	Er	nter Florida street ada	lress
	Haines City	, Florida	33844
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GARCIA, AIDA IVETTE	1671 HINSON AVE HAINES CITY FL 33844	Add ✓ Remove
			Add Remove
			Add Remove
	·		Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
		ge(s) here: (Attach additional sheets, if necessary	11 DE
,	December 21 / // 20	ASSEE, FORKI	
Dated	1 Ja Sata	er or authorized representative of a member	<u>)</u> भ 59
		ANTIAGO, JOHN	
	Typec	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00