

L10000056864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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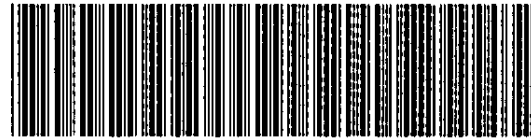
(Business Entity Name)

(Document Number)

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S. HAWKES

JUL 13 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2003 TG Investments, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Corina Pinto  
Name of Person

Firm/Company

2999 NE 191 Street, PH 8  
Address

Aventura, FL 33180  
City/State and Zip Code

CPinto888@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Corina Pinto at 01154 114 780-1618  
Name of Person Area Code & Daytime 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)

**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**

2003 IG Investments, 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 Liability Company were filed on 5/26/2010 and assigned  
Florida document number L100000568104

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2999 NE 191 Street, PHB  
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2999 NE 191 Street, PHB  
Aventura, FL 33180

**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:

Andrea Corino Pinto

New Registered Office Address:

2999 NE 191 Street, PHB

Enter Florida street address

Aventura, Florida 33180  
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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

10 JUL 12 AM 11:03  
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MGR - Manager  
MGRM - Managing Member

| Title | Name                | Address                                        | Type of Action                                                             |
|-------|---------------------|------------------------------------------------|----------------------------------------------------------------------------|
| MGR   | Michael Wajsblat    | 2999 NE 191 Street, #900<br>Aventura, FL 33180 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Natasha Wajsblat    | 2999 NE 191 Street, #900<br>Aventura, FL 33180 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Andrea Corina Pinto | 2999 NE 191 Street, PH8<br>Aventura, FL 33180  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                     |                                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                     |                                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                     |                                                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated

Signature of a member or authorized representative of a member  
 Michael Wajsblat  
 Typed or printed name of signee