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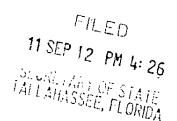
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EXAMINER SEP 1 3 2011

COVER LETTER

то:	Registration Se Division of Cor						
SUBJECT: INVESTMENTS GROUP V & A LLC							
		Name of Lim	ited Liability Company				
The on	closed Articles of	Amendment and fee(s) are su	hmittad for filing				
		ndence concerning this matte	_				
		-	-				
	LUIS R. SMITH						
Name of Person							
	<u> </u>						
Firm/Company							
	<u> 211</u>						
			Address				
			DORAL, FL. 33178 City/State and Zip Code				
		LM.	JESSEL@GMAIL.COM				
		E-mail address: (to be used for future annual report n	otification)			
For fur	ther information co	oncerning this matter, please of	call:				
	LUIS	S R SMITH	at (305)	470-2429			
	Name of	Person	Area Code & Day	time Telephone Number			
Enclose	ed is a check for the	e following amount:					
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)			
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



INVESTMENT GROUP V & A LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Fiorida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were file	ed on	06/08/2010	and assigned	
Florida document numberL10000614	402				
This amendment is submitted to amend the follo	•				
A. If amending name, enter the new name of	the limited liability com	pany here:			
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liabil	ity Company	," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/o registered agent and/or the new registered office. Name of New Registered Agent:	r registered office add lice address here: LUIS R. SMITH			he name of the new	
New Registered Office Address:	11402 NW 41ST STREET SUITE 211				
	Enter Florida street address				
•	DORA		, Florida	33178	
	City			Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:				
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has bearth writing the company has been notified in writing the company	oper and complete performers tered agent as provided egistered office address, hange.	formance of for in Chap Thereby co	ny duties, and I a ster 608, F.S. Or,	m familiar with and if this document is uited liability	

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 Title Name **Address** Type of Action MGR BARBAR G. YOUKHADAR 11271 NW 75TH LN ☐ Add Remove DORAL, FL. 33178 MGR **CESAR YOUKHADAR** 11271 NW 75TH LN ☐ Add Remove DORAL FL 33178 ☐ Add Remove ∏Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 12TH** 2011 Dated Signature of a member or authorized representative of a member LUIS R. SMITH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00