L10000068160

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11 JUL -8 AMB: 43

T. HAMPTON JULIANI TXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ISABEL HOM	E INVESTMENT, LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		MARIA F VIEIRA	
		Name of Person	
	8800 NW 10	77TH CT BUILDING 10 AF	PT 205
		Address DORAL, FL 33178	
	ISABELI E-mail address: (City/State and Zip Code HOMELLC@HOTMAIL.CC to be used for future annual report noti	DM ification)
For further information	concerning this matter, please of	call:	
MARIA F VIEIRA Name of Person		at (786) Area Code & Daytin	389-9669 ne Telephone Number
Enclosed is a check for \$25.00 Filing Fee	the following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL -8 AM 0: 43

Name of the Limited Liability Compa	ny as it now appears on our records)		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL1000068160	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	8800 NW 107TH CT BUILDING 10	APT 205	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33178		
	9900 NW 407TH CT PHIL DING 40	ADT 205	
Enter new mailing address, if applicable:	8800 NW 107TH CT BUILDING 10 DORAL, FL 33178	APT 205	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33176		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	ame of the nev	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zi,	o 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM	M = Managing Member				
<u>Title</u>	Name		<u>Address</u>	Тур	e of Action
				A R	.dd emove
					dd emove
		- -		A R	dd emove
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· · · · · · · · · · · · · · · · · · ·				Ac Re	dd emove
	JULY, 01	, 20 (Va	e(s) here: (Attach additional sheets, if necessary.) L. L	11 JUL -8 AMIN: 43	SECRETARY OF STATE DIVISION OF CORPORATIONS
			or authorized representative of a member MARIA F. VIEIRA or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00