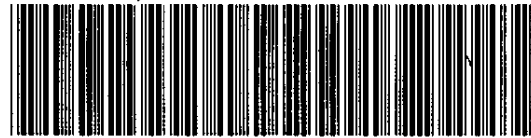


L10000069165



600183607886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 4 2010
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: FLAGLER LOAN 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:

AILEEN ORTEGA, ESQ.
Name of Person

LARREA & ORTEGA
Firm/Company

150 ALHAMBRA CIRCLE, SUITE 950
Address

CORAL GABLES, FL 33134
City/State and Zip Code

ailleen@lolaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry R. Roque, Esq. at (305) 476-8701
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

FILED
2010 AUG -3 AM 11: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLAGLER LOAN 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 JUNE 29, 2010 and assigned
Florida document number L10000069165

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)

150 ALHAMBRA CIRCLE

SUITE 800

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 ALHAMBRA CIRCLE

SUITE 800

CORAL GABLES, FL 33134

**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:

S&K PROPERTY MANAGEMENT, LLC

New Registered Office Address:

150 ALHAMBRA CIRCLE, SUITE 800

Enter Florida street address

CORAL GABLES

Florida

33134

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.*

Jedea Cortez
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO A. MARTIN	990 BISCAYNE BOULEVARD SUITE 1501 MIAMI, FLORIDA 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL KATZ	150 ALHAMBRA CIRCLE SUITE 800 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 30, 2010

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA