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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

J. BRYAN

AUG 3 0 2010

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations FLAGLER LOAN INVESTMENTS, LLC SUBJECT: 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 Ciry/State and Zip Code henry@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. Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & 7\$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>IN INVESTMENT</u>		
(Name of the Limited Liability (A Florida L	Company as it now apper imited Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liability Co Florida document numberL10000069165	ompany were filed on	JUNE 29, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "LI	C" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		<del></del>
			SE(
Enter new mailing address, if applicable:			FIL AUG 2 REFARS
(Mailing address MAY BE A POST OFFICE BOX)			
			FEG S
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on ess here:	our records, enter th	e hame of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
		, Florida	
	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.

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 Type of Action Title Name Address LIDIA CARTAYA MGR 150 ALHAMBRA CIRCLE **√** Add Remove SUITE 800 CORAL GABLES, FL 33134 Remove Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LIDIA CARTAYA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00