4000008584

(Re	equestor's Name)	1			
(Ac	ldress)				
(Ac	ldress)				
	ty/State/Zip/Phon	e #N			
(01	tyrotaterzipir non	ie π)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nai	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
	,				

Office Use Only



800185411388

09/30/10--01020--011 **25.00

10 SEP 30 AM II: 28

T. HAMPTON

OCT - 1 2010

EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MEN/ CUCCI INVESTMENT CLC 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:					
ANA ESDAILLAT					
MENICUCY Investment LLC Firm/Company					
74/NW 9/St. TERRACE					
PLANTATION FL 33324 City/State and Zin Code					
City/State and Zip Code CNALSDA, //AF@9MAIL.Com E-mail address; (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ava Gode & Daytime Telephone Number Ava Gode & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &					

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

	· MENIOLIOO	INVESTMENT		P 30	
(Name					
\ <u>1.44116</u>	of the Limited Liability C (A Florida Lin	mited Liability Company	y)		
The Articles of Organization for	this Limited Liability Co	mpany were filed on _	L10000081584	©RPORATIE and assigned 10 NS	
Florida document number	08/04/10			G AS	
This amendment is submitted to	amend the following:				
A. If amending name, <u>enter th</u>	e new name of the limite	ed liability company b	ere:		
The new name must be distinguishe	able and end with the words	s "Limited Liability Con	ppany," the designation "L	LC" or the abbreviation	
"L.L.C."					
Enter new principal offices add	lress, if applicable:		·		
(Principal office address MUST	BE A STREET ADDRE				
Enter new mailing address, if a					
(Mailing address MAY BE A PO	OST OFFICE BOX)	-			
B. If amending the registere registered agent and/or the new			our records, enter th	he name of the new	
Name of New Register	ed Agent:		 		
New Registered Office	Address:		Estar Florida streat add	4400	
		Enter Florida street address			
		<u> </u>	, Florida	7: 0 1	
		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 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00