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N. Guilligan DEC 27 2010

COVER LETTER

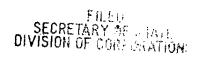
TO: Registration Section Division of Corporations						
SUBJECT: MELUAL INVESTMENTS LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
William PERALTA Name of Person						
Firm/Company						
9137 PELEMAR CT						
WELLINGTON FL 33414 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
William F-RALTA at (561) 909-8755 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 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



10 DEC 23 PH 12: 37

MELVAL FACEST (Name of the Limited Liability Compar (A Florida Limited L	NENTS LLC	· 	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records iability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Aug. 27,2	O/O and assigned	
Florida document number <u>L/D00069008</u> 2.	, J		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
W /A			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designat	ion "LLC" or the abbreviation	
- -	N1/A		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10/11		
Time pur office unures most be a street address)		 	
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered off	ice address on our records, en	iter the name of the new	
registered agent and/or the new registered office address here			
	. 1/ ^		
Name of New Registered Agent:	N/ A		
New Registered Office Address:	Enter Florida stree	t address	
	, Florid City	la Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	,		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl			
accept the obligations of my position as registered agent as p	provided for in Chapter 608, F.S.	Or, if this document is	
being filed to merely reflect a change in the registered office	aaaress, 1 nereby confirm that th	ne iimited liability	

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 or Managing Member being added or removed from our records:

MGR = 1 MGRM	Manager = Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRI	M William PERACTA	9137 DELEMAN CT WELLINGTON , FL 33414	Add Remove
	•		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	•		Add Remove
			Add Remove
	OECEMBER 22, 20 Signature of a member	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY BY STATE OF CORF SHATE OF CORF SHA
	Signature of a member William FERAL Typed	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00