L10000117496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800193320168

02/09/11--01013--002 **25.00

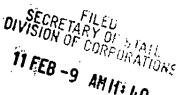
SECRETARY OF STATE OF CORPORATION OF CORPORATION

COVER LETTER

TO: Registra Division	of Corporations		4#4			
SUBJECT:	·	restments Group Li	<u>_C</u>			
	Name of Lim	ited Liability Company				
The enclosed Artic	cles of Amendment and fee(s) are sui	bmitted for filing.				
Please return all co	orrespondence concerning this matter	r to the following:				
		John Castro				
		Name of Person				
	L.J Group USA LLC					
		Firm/Company				
		Po Box 2386				
	, <u>, , , , , , , , , , , , , , , , , , </u>	Address				
		Hallandale FL 33008				
	 	City/State and Zip Code	•			
	jo Femail address: (hn@ljproservice.com	ort politication)			
For further inform	ation concerning this matter, please					
Tor further inform	ation concerning this matter, please of	odn.				
	john castro	at (_786_)	2674397			
1	Name of Person	Area Code &	Daytime Telephone Number			
Enclosed is a chec	k for the following amount:					
₹25.00 Filing F	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
I I	MAILING ADDRESS: Registration Section Division of Corporations	Registration Division of	Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil 2661 Execu	ding tive Center Circle			

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Prud	ential Investn	nents Group	LLC	40		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited	Liability Company	were filed on	11/12/2010	and assigned		
Florida document numberL1000011	17496					
This amendment is submitted to amend the following	llowing:		,			
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :			
Global	Generation Inv	estors Group I	LC			
The new name must be distinguishable and end w "L.L.C."	rith the words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbreviatio		
Enter new principal offices address, if appli	icable:	20801 Bisca	yne Blvd Suite 417	7		
(Principal office address MUST BE A STREET ADDRESS)		Aventura, FL 33180				
Enter new mailing address, if applicable:	Po Box 1576					
(Mailing address MAY BE A POST OFFICE BOX)		Hallandale, FL 33008				
						
B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and new registered of the new registere			our records, <u>enter t</u>	he name of the nev		
Name of New Registered Agent:						
New Registered Office Address: 20801 Biscayne Blvd Suite 417						
		En	ter Florida street addi	ress		
		Aventura	, Florida	33180		
		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 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>	Address	Type of Action
MGRM	John Castro	PO BOX 2386 HAllandale Fl. 33008	Add Remove
			Add Remove
			Add Remove
			Add Remove
		_ ·	Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			FILED DARY OF STATE OF CORFORATIO 3-9 AMH*140
Dated		2011	0 ONS
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00