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2010 DEC 13 PM 9: 84

C. LEWIS
DEC 1 4 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: And 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:					
Maya T. Tran Name of Person					
Firm/Company					
4905 E. Colonial DR. Address					
ORlando FL 32803 City/State and Zip Code					
E-mail address: (to be used for fiture annual report notification)					
For further information concerning this matter, please call:					
Maya Tran at (401) 409 5155 Name of Person at (401) 409 5155 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount: \$\sum_{\text{\$\subset}}\$\$ \\$25.00 \text{ Filing Fee} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\$\text{Certified Copy} \\ (additional copy is enclosed) \$\$\text{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

FILED
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ANA	Investme	AT TALLASSEE FLORIDA	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears (Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	- C''	, Florida Zip Code	
	City [,]	Zip Coae	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
<u>MGR</u> M	An H Tran	114 Bay Tree Ct winter Springs, FL 36	Add 708 Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	esary.)		
			2011		
Dated	,		ZOIN DEC 13 P		
	An I	er or authorized representative of a member H. Tran d or printed name of signee	FECONO.		

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Filing Fee: \$25.00