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	Requestor's Name)
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	Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document Number)
Certified Copies	Certificates of Status
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12/09/11--01011--010 **25.00



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EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section

Division of Co	rporations				
SUBJECT:	JAMARMA I	NVESTMENTS, LLC			
SUBJECT		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	<u></u>	BIANCA SAPORITTO		-	
		Name of Person			
	TEAM REA	L ESTATE MANAGEMI	ENT, LLC	_	
		Firm/Company		Web 1	
	2801 NE 208	TH TERRACE, SECON	ND FLOOR	2011 DEC	
		Address			•
		VENTURA, FL 33180		-9 SSE SSE	Ē
		City/State and Zip Code			
		TEAMREMANAGEMEN		S S S S S S S S S S S S S S S S S S S	
	E-mail address:	to be used for future annual repor	t notification)		
For further information of	concerning this matter, please	call:	4		
BIANG	CA SAPORITTO	at (_ 305_)	914-4845		
Name o	of Person	Area Code & D	aytime Telephone Number	r	
Enclosed is a check for t	•	<u> </u>			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ate of Status &	i)
		· .			
	ING ADDRESS: ration Section	STREET/CO Registration S	OURIER ADDRESS: Section		
Divisio	on of Corporations	Division of C	orporations		
	ox 6327 assee, FL 32314		ve Center Circle		
		·Tallahassee, F	FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>NVESTMENTS, LI</u>			
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on	12/15/2010	and assigne	ed
Florida document numberL10000128113	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here	:		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compar	ny," the designation	"LLC" or the abbro	eviation
Enter new principal offices address, if applicable:			A R	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		対象の	17
			177 - K	
Enter new mailing address, if applicable:			92.5 38	
(Mailing address MAY BE A POST OFFICE BOX)			第一	
	·	 	,	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ar records, <u>enter</u>	the name of th	<u>ie ne</u> w
Name of New Registered Agent:				
New Registered Office Address:		 -		
•	Ente	er Florida street aa	ldress	
	City	, 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>	<u>Name</u>	Address	Type of Action
MGRM	JAGOE DE HERNANDEZ,	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	
			Add Remove
			Add Remove
			Add Remove
			Add 22
	·		Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	35 E (3)
·			
_			
Dated	DECEMBER 5 , 20	011	
•	Signature of a mamba	r or authorized representative of a member	
		NCA SAPORITTO	
		or printed name of signee	
	· · · · · · · · · · · · · · · · · · ·		

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Filing Fee: \$25.00