Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000026687 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: MONAHAN MIJARES CPA PA

Account Number : I20050000157

lax Number

: 305 407 1438 : 305 397 1003

**Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOFFMANN INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE
FEB. - 2' 2012
-EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

DE : MONAHAN MIJARES ASOCIADOS CONS NO.DE FAX : 05802127828066

01 FEB. 2012 09:30AM P9

		COVER LETTER			
TO: Registration Division of C					
SUBJECT:		INVESTMENTS LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing,			
	pondence concerning this matte	-			
i rease recent air corres	pondence concerning and mane	er to the following:			
	DO.	ARK B. MONAHAN ORA			
		ARK R. MONAHAN CPA Name of Person			
		Name of Person			
	MON	AHAN MIJARES CPA, PA			
		Firm/Company			
2519 GALIANO ST. STE 703				100 mg	
Address			2012 FEB	·- \};;	
	CO	RAL GABLES, FL 33134			10 mm 10 mm 20 mm
City/State and Zip Code				g=p	
	ronald	d.monahan@mma.com.ve			11 miles
	E-mail address:	to be used for future annual report notif	ication)	S 62	المدرأ بط
For further information	concerning this matter, please	call:		2	
	R. MONAHAN CPA	at (305)	407-14-39		
Name	of Person	Area Code & Daytime	e Telephone Number		
Enclosed is a check for	the following amount:		•		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co	of Status &	

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(additional copy is enclosed)

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

<u>HO</u> F	FMANN INV	ESTMENTS	LLC			
(Name of the Limite	d Liability Comp. A Florida Limited	any as it now appea Liability Company)	rs on our records.)	-		
The Articles of Organization for this Limited	y were filed on	03/24/2011	and assigned			
Florida document numberL1100003	35661					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited lial	bility company he	<u>re</u> :			
	N/A	Ą				
The new name must be distinguishable and end w "L.L.C."			any," the designation "I	LC" or the	abbrevi	ation
Enter new principal offices address, if appli	N/A				_	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			مِينَ جَ	20	
				Friday Newsan	2 F	Man
				2000年	83	ì
Enter new mailing address, if applicable:		N/A		SSE SSE		
(Mailing address MAY BE A POST OFFICE BOX)				المُنْ اللَّهُ	- 1909	.,
				P (2)	al 2	
				2025	-6P -	
B. If amending the registered agent and	In receivened of	Maa addwara uu c	waanuda amtan 6	<u> Dimi</u>	, eiin a S eekkaa	
registered agent and/or the new registered of	ffice address her	nice auuress on ('ê:	our records, emier t	по паше	or the	псм
		 -				
Name of New Registered Agent:	N/A		·		<u> </u>	
New Registered Office Address:	N/A					
		En	ter Florida street addi	ress		
		, Florida				
		City		Zip Cod	le	_
Jam Bertintanad t mantings		•		•		

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

MGR = Manager

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:

MGRM = Managing Member Title Name Address Type of Action MGR CHRISTIAN J. MONAHAN 2519 GALIANO ST. STE 703 ☑ Add CORAL GABLES, FL 33134 Remove MGR RONALD H. MONAHAN 2519 GALIANO ST. STE 703 ✓ Add CORAL GABLES, FL 33134. Remove ☐ Add Remove Add Nemove []Add | Remove ∐∆dd 🌌 L Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The company will be managed by its Managers, therefore the company will be a Manager-Managed Limited Liability Company. February 2012 Dated Signature of a member of authorized representative of a member <u>HOFFMANN</u> INSCID Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00