Page 1 of 1

Division of Corporation Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H110001435113)))



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To:

From:

81871

Division of Corporations

Fax Number : (850)61.7-6383

Account Name

; FOWLER WRITE BURNETT P.A.

Account Number : 071250001512

l^ahone

: (305)789-9200

Fax Number

; (305)789-9201

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRILOGY GROUP INVESTMENTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Corporate Filing Menu

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6/1/2011

(H110001185113)

COVER LETTER *

TO: Registration Section
Division of Corporations

| SUBJECT: | | ip Investments LLC | | |
|----------------------------------|--|---|---|--|
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fec(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | · . | eanne Fuentes Lopez | | |
| | · · · · · · | Name al Person | | |
| Fowler White Burnett, P.A. | | | | |
| Firm/Company | | | | |
| 1395 Brickell Avenue, 14th Floor | | | | |
| | | Address | | |
| | | Miami, Florida 33131 | | |
| | | City/State and Zip Code | | |
| | esal E-mail address: (| cedo@fowler-white.com | notification) | |
| For further information | concerning this matter, please c | all: | | |
| | e Fuentes Lopez | at (_305) | 789-9269 | |
| Name | of Person | Area Code & Da | ytime Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Cortificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Cortified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(4110001435113)

(4110001435113)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| C D | SECRETAR IVISION OF C | LED Y OF ST DORPOR, | ATE ATION |
|-----|--------------------------|---------------------------|--------------|
| N | 17 JUN -1 | AM 8: | 23 |

| Talla aux Oussian Insi | | h | |
|---|--|---------------------------|---|
| Trilogy Group Inv (Name of the Limited Liability Company (A Florida Limited Lia | estments LL (as it now appear bility Courses) | on our records.) | |
| (A Florida Limited Lie | ionity Company) | | |
| The Articles of Organization for this Limited Liability Company v | vere filed on | 04/08/2011 | _ and assigned |
| Florida document number <u>L11000042361</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company her | ច្ <u></u> : | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Compa | ny," the designation "LL, | C" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| Enter now weiling address if auxliable. | | | • |
| Enter new mailing address, if applicable: | ##!** * · · · · · · · · · · · · · · · · · | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| B. If amending the registered agent and/or registered office | re address on o | ur records, enter the | name of the new |
| registered agent and/or the new registered office address here: | | <u></u> | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | , Florida | |
| | City | | Zip Code |
| New Rogistered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple | | | |

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

(H11000143513)
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> | Name | Address | Type of Action |
|---------------|---|---|----------------------------|
| MGR | Fuentes, Jeanne | 1395 Brickell Avenue, 14th Floor Miami, Florida 33131 | ∧dd ∕ Remove |
| MGR_ | La Goulue Properties Inc | 1395 Brickell Avenue, 14th Floor Miami, Florida 33131 | ✓ Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendin | g any other information, enter change(s |) here: (Attach additional sheets, if necessary.) | |
| | | gamen M.A. | SECRETARY DIVISION OF C |
| Dated | ne 1 201 | · | ORPORATIONS AN SO 23 |
| _ | <u>Jeanne fue</u> | authorized representative of a member MCS LOPCZ printed name of signed | |

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Page 2 of 2

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