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SECRETARY OF STATE
SECRETARY OF FLORID

J. BRYAN

JUL 1 9 2011

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT:	Justina 1	nvestments LLC			
	Name of Lim	ited Liability Company			
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
	<u> </u>	Jeffrey Geller			
		Name of Person			
	\$ 0. ≸ 0				
		Firm/Company	THE WITTER		
	186	LIS PHIZ: L			
		Address	元 王		
	Sur	nny Isles Beach,Fl 33160	5. F. C. C. F. F. C. F. F. C. F. F. C. F.		
		City/State and Zip Code	5.7		
	CUSTC E-mail address:	omerservice@allapm.com (to be used for future annual report notificat	ion)		
For further information	on concerning this matter, please	•			
	Jeffrey Geller	at (_305_)61	4-3100		
Nar	me of Person	Area Code & Daytime To	elephone Number		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	a Investments LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	05/04/2011	and assigned
Florida document number L11000052368	·		
This amendment is submitted to amend the following:			LC of the aboreviation
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :	器の加
The new name must be distinguishable and end with the v'L.L.C."	vords "Limited Liability Comp	any," the designation "L	LC of the appreviation
Enter new principal offices address, if applicable:			ām
(Principal office address MUST BE A STREET AD)	DRESS)	11.512	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
			·-····
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
-	Ei	nter Florida street addi	ress
		, Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

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:

MGRÆ Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GBP JACKSONVILLE,LLC	1111West Cypress Dr. Pompano Beach Fl 33069	Add Remove
MGRM_	AV APARTMENTS,LLC	18660 COLLINS AVE STE # 107 SUNNY ISLES BEACH FL 33160	✓ Add
		SUNNY ISLES BEACH FL 33100	Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	 :.)
_			SECRETARY SECRETARY
			P P P P P P P P P P P P P P P P P P P
Dated			
	Signature of a membe	Jeffrey Geller	

Page 2 of 2

Filing Fee: \$25.00