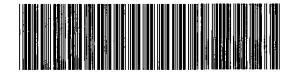
L11000055762

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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11 JUN 29 AN II: 56

B. BOSTICK

JUN 3 0 2011

EXAMINER

COVER LETTER

TO: Registration : Division of C	Section orporations				
SUBJECT:	JUMAHE	INVESTMENT LLC			
	Name of Lir	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing			
	pondence concerning this matt	Ţ.			
		MARIO A ZAGAMI			
		Name of Person			
	JUI	MAHE INVESTMENT LLC			
		Firm/Company			
	7501	E TREASURE DR APT 7E			
Address				TAL:	
NORTH BAY VILLAGE/FL/33141			IT JUN 29 ECRLING		
City/State and Zip Code				ASS.	
info@jcpaccountingandtaxes.com E-mail address: (to be used for future annual report notification)				1771	
For further information	concerning this matter, please		,	AHII: 56 LESTATE E. FLORID	
MA	RIO A ZAGAMI	at (786)	00-5112	DA 6	
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	y Certificate of Status &		
MAILING ADDRESS: Registration Section		STREET/COURIEF Registration Section			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TINVESTIVIENT LL				
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	13 on our records.			
The Articles of Organization for this Limited Liability Florida document numberL11000055762	Company were filed on	05/11/2011	and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the al	obreviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable:		- - - - -	I JUN	AND PROPERTY.	
(Mailing address MAY BE A POST OFFICE BOX)			29		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	be mame rof	the new	
Name of New Registered Agent:					
New Registered Office Address:	En	nter Florida street addi	ress		
		, Florida			
	City	, FIOTIGA	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:

MGR = Manager MGRM = Managing Member **Address Type of Action Title** <u>Name</u> **MGRM** PAOLO I ZAGAMI 7501 E TREASURE DR APT 7E ✓ Add Remove MATIAS F ZAGAMI MGRM 7501 E TREASURE DR APT 7E ✓ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 06/23/ Dated ____ Signature of a member or authorized representative of a member MARIO A ZAGAMI

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00