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EXAMINER

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COVER LETTER

Division of Co	orporations				
SUBJECT:					
		nterprise, LLC ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	G.	Frank Quesada, Esquire	-		
		Name of Person			
	Law Offices	s of G. Frank Quesada, Esqu	iire		
	Firm/Company			anni,	
1313 Ponce de Leon Boulevard, Suite 200			200	2011 SEP 15 AM IQ: 57 SUCALITARY OF STATE ALLAHASSEE, FLORIGA	
	Address				1
Coral Gables, Florida 33134				88EE	
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifica	ition)	9 9	Alleria .
For further information	concerning this matter, please of	all:		3. 1	
	k Quesada, Esquire	at (305) 4	46-2517 Felephone Number		
		-	•		
Enclosed is a check for	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 Sta Certified Copy (additional copy	atus &	

TO:

Registration Section

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

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

7	135 Enterprise, LLC			
(Name of the Limited Li (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on	05/17/2011	and assigned	
Florida document numberL1100005830	<u>04 </u>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liability company he	re:		
	n Investment Group, LLC			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation	n
Enter new principal offices address, if applicable	e:		77. 29	
(Principal office address MUST BE A STREET)	Principal office address MUST BE A STREET ADDRESS)			
				Ī
			\$25.00 15	Sec. Comme
Enter new mailing address, if applicable:	·		- T	The same
(Mailing address MAY BE A POST OFFICE BOX)			C	-
			55 v	, garing,
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the ne	<u>w</u>
·	ndaress nore.			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street add	ess	
_	, 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

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> MGR Alexander Rayon 3527 N.W. 49 Street □ Add Miami, Florida 33142 Remove Leonardo Rayon MGR 3527 N.W. 49 Street Remove Miami, Florida 33142 MGR Celia Rayon 3527 N.W. 49 Street ✓ Add Miami, Florida 33142 Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

a Aayon Typed or printed name of signee

Celia

Filing Fee: \$25.00

Signature of a member or authorized representative of a member