C11000067181

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EXAMINER

COVER LETTER

то:	Registration Se Division of Cor	ection porations					
SHRII	M & L Florida Investments, LLC Name of Limited Liability Company						
30001							
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
	Charles A. Massie, CPA						
			Name of Person				
		Massie & Reilly, CPAs, PLLC					
			Firm/Company				
15671 San Carlos Blvd., Suite 201							
		Fort Myers, FL 33908					
		City/State and Zip Code		S	201		
Charlesm@cpamassie.com E-mail address: (to be used for future annual report notification)						330	~(1
			·	1)	ARY SSE	2011 DEC 14	Capener.
For fui	ther information c	concerning this matter, please of	call:		सामित्री ।	**	T
		s A. Massie, CPA	at ()	-2171	Z = Z = Z = Z = Z = Z = Z = Z = Z = Z =	M 101 58	Comment of the Commen
	Name o	of Person	Area Code & Daytime Tele	phone Number	5 m	50	
Enclos	ed is a check for the	he following amount:					
V \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filir Certificate Certified (additiona	of Stat Copy		sed)
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIER A Registration Section Division of Corporation				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & L Flo	rida investments, Li	L <u>C</u>		
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number L11000067181	Company were filed on	06/08/2011	and assigned	
1 fortida document number	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		, (
	-			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter t</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>	City	, Florida	Zip Code	
	-·• <i>y</i>			

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 Title <u>Name</u> Address Type of Action MGMR Michael Flaherty 15065 McGregor Blvd., Suite 102 ✓ Add Fort Myers, FL 33908 Remove Leslie Flaherty MGMR 15065 McGregor Blvd., Suite 102 Fort Myers, FL 33908 Remove ___ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 12 2011 Signature of a member or authorized representative of a member

> Typed or printed name of signee Page 2 of 2

> > Filing Fee: \$25.00

Michael Flaherty