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SECRETARY OF STATE
ANASSEE, FLORIDA

08/29/11-01044-013

N. Cultigran AUG 3 0 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEW BEGINNINGS INVESTMENT GROUP, LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juanita K. ARMS Name of Person
NEW BEGINNINGS INVESTMENT Group, LL
9923 Harbour Lake Circle
Boynton Beach, Il 33437 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juanita K. ARMS at 561 369 - 2509 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 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 STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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11 AUG 29 AM 10: 45

(<u>Name of the Limited Liab</u> (A Flori	25 INVESTIVES ility Company as it now appears ida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liabilit Florida document number	ty Company were filed on <u>6</u> 15380 .	-29 - 2011 and assigned	
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:	· .		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street address	
	City	, Florida 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	y Juanita K. Aems	9923 Harbour Lake Co Boynton Beach, 31	Add Remove
<u> Yojna</u>	1 Anastassio Kouss	IS 9923 Horbour Lote C Doynton Beach, 319	Add Remove
			Add Remove
**************************************			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	y.)
			FILED 11 AUG 29 AM SECRETARY OF S
Dated	8/22/2011		AM 10: 45 FLORIDA
	JUANITA	ber of authorized representative of a member K. A.P.M.S. ed or printed name of signee	

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Filing Fee: \$25.00