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SECRETARY OF STATE
FALLAHASSEF FINALE

J. BRYAN

AUG - 2 2011

EXAMINER

COVER LETTER

TO;	Registration Section Division of Corporation	s '			
SUBJ	JECT:		ited Liability Company	ealty	. .
The en	nclosed Articles of Amendme	ent and fee(s) are su	bmitted for filing.		
Please	e return all correspondence of	oncerning this matter	r to the following:		
	***************************************	N	Moty Ewo		·
		Invest 1	WSe Bealty Firm/Company		11 11 11 11 11 11 11 11 11 11 11 11 11
		U651 9	8310 Auer)	SEE TO
		Pinell	City/State and Zip Code	33781	ORIO P
		E-mail address: (to be used for future annual report	otification)	
For fur	urther information concerning	this matter, please of	call:		
·	Name of Person	2000 <u></u>	at (2) 	ytime Telephone Numb	oer
Enclos	sed is a check for the followi	ng amount:			
□ \$25		00 Filing Fee & ertificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)

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

Invest Wis		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears ed Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organ	any were filed on	014 15 2011 and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited 1	liability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		3 m 🚣
(Principal office address MUST BE A STREET ADDRESS	2	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ASSEE FLORIDE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Fnte	r Florida street address
	Line.	
	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:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name **Address** □Add Remove ☐ Add Remove ☐ Add Remove Add \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00