

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC  
Account Number : I20060000012  
Phone : (305) 826-5886  
Fax Number : (305) 722-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LS INVESTMENT GROUP, LLC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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G. MCLEOD

DEC - 5 2011

EXAMINER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**LS INVESTMENT GROUP, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2011 and assigned Florida document number L11000084411.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

232 WASHINGTON AVE

HOMESTEAD, FL 33030

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

232 WASHINGTON AVE

HOMESTEAD, FL 33030

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MARTIN ACCOUNTING AND TAX SERVICES INC

New Registered Office Address:

7678 NW 186 STREET

*Enter Florida street address*

MIAMI

*City*

Florida

33015

*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.*

*X*   
If Changing Registered Agent, Signature of New Registered Agent

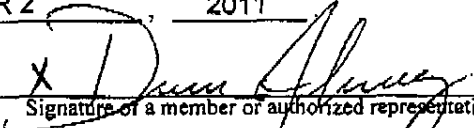
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANCHEZ, LISANDRA N	217 SW 7 STREET MIAMI FL 33130 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SANCHEZ, LUIS C	217 SW 7 STREET MIAMI FL 33130 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALVAREZ, DIANA M	232 WASHINGTON AVE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 2, 2011

  
 Signature of a member or authorized representative of a member  
 DIANA M ALVAREZ  
 Typed or printed name of signee