Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000251942 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ro:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SER

Account Number : I20000000019 Phone

; (305)552-5973

Fax Number

: (305)220-1440

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

0CT 19

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IJM & TBM INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

OCT 2 0 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

08/30/2029 01:18

H11000251942 ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

2011 OCT 19 AM 8: 4

TALLAHASSEE, FLORIDA

SECRETARY OF STATE iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 stututes 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.

Page 1 of 2

H11000251942

	H	1 1 0 0 0 2 5 1 9 4 2	
If amending or Managir	g the Managers or Managing Members og Member being added or removed from	on our records, enter the title, came,	and address of each Manager
MGR = Ma MGRM = N	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Thania B. Murve	925 gw gy Cd. Priami, FC 33124	Add Rernove
			Add Remove
			Add Remove
	<u> </u>		Adc Remove
-1,0	· .		Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Assuch additional sheets, if n	ecessary.)
			ZILI OCT 19 SECRETARY
Dated	10/13		LED AN 8: 41 ASSEE, FLORIDA
	IsidonoIMusci	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00