<u>L11000120219</u>

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
· ·			

Office Use Only



100213495181

11/02/11--01026--005 **25.00

TO THE PROPERTY OF THE PROPERT

B. BOSTICK
NOV 3 - 2011
EXAMINER

COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: Nu Beginning Investment Group LLC. 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:			
LAJUAN McDuffie Name of Person			
Nu Beginning Investment Group LLC. Firm/Company			
4325 S.W. 179th Way			
Miramar F 33029 City/State and Zip Code McDaffie McDaffie 4325 @ Comcast. Net E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
LAJUAN McDaffic at (954) 709-1827 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Solutions of Status}\$\$ \$25.00 Filing Fee & \text{Solutions of Status}\$\$ \$25.00 Filing Fee & \text{Solutions of Status}\$\$ \$60.00 Filing Fee, \$\ \text{Certificate of Status}\$\$ \$\$ \$60.00 Filing Fee, \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nu Beginnia Invest (Name of the Umited Liability (A Florida Li	ment Group L Company as it now appears of mited Liability Company)	LC n our records.)
The Articles of Organization for this Limited Liability Co	empany were filed on	20 20 11 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,	" the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRE	ESS)	
	<u> </u>	
		000
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Truming warress 19711 BETTT OFF OF TICE BON		2.4 - C
		<u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	City	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 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 MGRM Dale Gainey

MGRM ROWAN MArgues

MGRM Thinote Antoiner 1640 Golden Gnte BLVD.W. Add Naples Fl 34120 Remo 19433 S.W. 55 ST. Michanar Fl 33029 Add Remove 🖀 Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member LAJUAN McDuffie
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00