L11000120307

Office Use Only



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11 DEC -2 PH 1:49

B. BOSTICK
DEC - 5 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJĦ	scт: <u>ТФМ</u>	1AZINI GRO Name of Lim	UP INVEST MEA	ITILLC.
The en-	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		Alessano	Vra Corrla Name of Person	
		Tomozini	GROUP IN VESTME	ntiuc
		10630 W	Sample Rd	
		Corol Sprin	wp FL 33065 City/State and Zip Code	SECAHASSE COM
For fur	ther information	E-mail address: (concerning this matter, please of	to be used for future annual report notifical	
Ble	Name o	of Person	at (<u>954)</u> <u>840</u> 6 Area Code & Daytime T	<u>656 ^b</u>
		he following amount:		
[[]/\$2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Set Set Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iomazin Group	Investment	<u> </u>		
(Name of the Limited Liability (A Florida Liability)	mited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L 11 000 12 03 07</u>		20/2011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADDRE</u>	SSS)			
		Do -		
		DEC TANK		
Enter new mailing address, if applicable:		ST Comment		
(Mailing address MAY BE A POST OFFICE BOX)		हाँ का किया है जिल्हा स्थान		
	-	ORI		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our	records, enter the name of the new		
egatered agent and or the new registered office fluire	so here.			
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 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>	Type of Action				
MGR	Ricardo G. Molina	10630 W Sample Rd Grad spring FL 33065	Add Remove				
MGR	Alessandra T Correa	10630 W Sample Rd Grad Spung, FL 33 065	Add Remove				
	<u>·</u> _		Add Remove				
·			Add Remove				
			Add Remove				
			Add Remove				
D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
		ALLAHASS					
Dated No	ovember, 29, 201	L. STATE LORIDA	2 PH 1:49				
	- Kicardo C 1	r authorized representative of a member					

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Filing Fee: \$25.00