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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CCT:				
COLGE			ivestments LLC		
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Mario Ribak		
			Name of Person		
			Firm/Company		
20350 W Country Club Dr. PH 8				3	
			Address		
		·	Aventura, FI 33180 City/State and Zip Code		
		m	ribak14@hotmail.com		
		E-mail address: (to be used for future annual report not	tification)	
For fur	ther information	concerning this matter, please of	all:		
Mario Ribak		· · · ·	at (_786)	853-9886	
	Name	of Person	Area Code & Dayti	me Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Plenty Inves	tments LLC		
(Name of the Limit	(A Florida Limited l	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number		were filed on	01-20-2012	and assigned
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liab	oility company he	<u>·e</u> :	
	N/A	A		
The new name must be distinguishable and end v 'L.L.C."	with the words "Lim	ited Liability Compa	any," the designation "LI	.C" or the abbreviati
Enter new principal offices address, if appl	licable:	N/A		
(Principal office address MUST BE A STRI	EET ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFIC	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered Name of New Registered Agent:			our records, <u>enter th</u>	e name of the n
Name of New Registered Agent:	10/7			
New Registered Office Address:	 	Fr	ter Florida street addre	200
	 	City	, Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Hector Lambersky	20350 West Country Club Dr. PH 8 Aventura, Fl 33180	Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
	 		Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary)	
		A S S S S S S S S S S S S S S S S S S S	
Dated	February 8	2012 M Sund P	ud.
		Hector Lambersky Typed or printed name of signee	15.2
		a grave or he resoure remersa as reference.	

Page 2 of 2

Filing Fee: \$25.00