## L12000033478

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DIVISION OF CORPURATIONS

JUN - '5 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: TTN INVESTMENTS, 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:							
GEORGE G. SIROTA  Name of Person							
LAW OFFICES OF SIROTA & Firm/Company	ASSOCIATES, PA						
2999 NE 1918 STREE	T, SUITE 900						
AVENTURA, FL. 33180  City/State and Zip Code  SIROTAPA C GMAIL  E-mail address: (to be used for future annual							
For further information concerning this matter, please call:							
George G. Sircia at (305) 37 Name of Person Area Cod	73-1995 e & Daytime Telephone Number						
Enclosed is a check for the following amount:    \$\frac{1}{2}\$\$25.00 Filing Fee	Certificate of Status &						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

12 JUN -1 AM 8:50

TTN INVESTME	NTS, LLC		
( <u>Name of the Limited Lial</u> (A Flor	ility Company as it ida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L12000336</u>	ty Company were fi	led on 03 08 2012	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability co	mpany here:	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
Principal office address MUST BE A STREET A	DDRESS)		N - 1882
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Ω		
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	City	, Florida	Zip Code
	cuv		ZID COUE

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					
<u>Title</u>	Name	Address	Type of Action		
MGR	Tokarev, Glafira	2999 NE 1918+ St, Suite 900 Aventura, FL. 33180	Add Remove		
MGR	ToKareva, Glafira	2999 NE 191st St. Suite 900 Aventura, Pl. 33180	Add Remove		
			Add Remove		
		change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATEMS DIVISION OF CORPORATIONS 12 JUN - 1 AM 8: 51		
		member or authorized representative of a member  Cas Law Offices of Sirota & Ass  Typed or printed name of signee	ociates, PA		

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Filing Fee: \$25.00