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EXAMINER



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STORETARY OF STATE, DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Division of C		,				
SUBJECT:		NATIONAL INVESTMENTS GROUP LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	→ 21/25/25/25/25/25/25/25/25/25/25/25/25/25/			
Please return all corres	spondence concerning this matter	to the following:	12 Mg 21 PH S. 15 SRVS			
	C	DORIS RODRIGUEZ				
		Name of Person	PH 19			
	DORIS BO	DORIS BONNET INC TAX & ACCT SRVS				
		Firm/Company				
	165	50 SAND LAKE RD 205				
		Address				
	C	ORLANDO FL 32809				
		City/State and Zip Code doris@dorisbonnet.com E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please o	·	,			
	, , , , , , , , , , , , , , , , , , ,					
	mando Camargo	at (_305)	244-6096			
Nam	e of Person	Area Code & Dayt	ime Telephone Number			
Enclosed is a check fo	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

NATIONAL INVESTMENTS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company	were filed on	05/30/2012	and assigned	
Florida document numberL120000724					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>·e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	any," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		GERMAN E VELASQUEZ			
(Principal office address MUST BE A STREET ADDRESS)		230 CHESHIRE WAY			
		DAVENPOR	T FL 33897		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	BOX)		<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered of			our records, enter	the name of the new	
Name of New Registered Agent:	GERMAN E VELASQUEZ				
New Registered Office Address:	230 CHESHIRE WAY				
	Enter Florida street address				
	DA\	VENPORT FL_	, Florida	33897	
		City		Zip Code	
New Registered Agent's Signature if changing R	egistered 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 Type of Action **Title** <u>Name</u> **Address** MGRM. ARMANDO CAMARGO 230 CHESHIRE WAY DAVENPORT FL 33897 Remove ☐ Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 08/16/2012 Dated Signature of a member or authorized representative of a member GERMAN VELASGUEZ.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00