(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
A. LUNT				
AUG -1 2011				
EXAM				

Office Use Only

300234653363

07/30/12--01020--021 **25.00

COVER LETTER

	on Section f Corporations		
SUBJECT:	TEZETA IN	NVESTMENT LLC	
		ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all con	respondence concerning this matter	r to the following:	
		EDUARDO RUANO Name of Person	<u>.</u>
		Name of Person	,
	SERE	BER & ASSOCIATES, P.A.	
		Firm/Company	25 DE 1
2875 NE 191 STREET, SUITE 801			TALLAHASS
		Address	
	A	AVENTURA FL 33180	JUL 30 BE I
		City/State and Zip Code	
	ER@	SERBERLAWFIRM.COM to be used for future annual report notification	
For further informa	ion concerning this matter, please of	•	<i>u</i>
E	DUARDO RUANO	at (305) 932	6262
N	ame of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$\sumsymbol{\sumsymbol{\sumsymbol{\subsymbol{\sin}\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\sin\symbol{\sin\symbol{\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center Of Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>VESTMENT LLC</u>		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ted Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Complete Florida document numberL12000077471	pany were filed on	6/11/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	2:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compar	ny," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if applicable:		· ·	
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>		
			AN E TI
Enter new mailing address, if applicable:			SSE IN
(Mailing address MAY BE A POST OFFICE BOX)			60 3 C
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street ad	dress
		, Florida	7: 0 1
	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> **Address Type of Action** MGR Norma H. Crespo 2875 NE 191 Street, Suite 801 ☐ Add Aventura FL33180 Remove MGR Sonia Adriana Trech 2875 NE 191 Street, Suite 801 √ Add Aventura FI 33180 ☐ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 26 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00