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COVER LETTER

SUBJECT: TAU INVESTMENT GROUP U.C. 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:	
NEONARDO ANATU Name of Person	
TALL TUVESTMENT GROUP ICC Firm/Company	
3880 AMAGE? DrivE	
Hollywood FL 38021 City/State and Zip Code Leonardo anato & Gamail. COM E-mail address: (to be used for future annual report notification)	22
For further information concerning this matter, please call:	
1 600 MAROS ANATO at (407) 690 6940 55 60	
Name of Person Area Code & Daytime Telephone Number	No. of
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$25.00 Filing Fee \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL INVESTA		
(Name of the Limited Liability C (A Florida Liability	Company as it now appears on mited Liability Company)	our records.)
	_	
The Articles of Organization for this Limited Liability Con	mpany were filed on	114 / 2012 and assigned
Florida document number <u>L1200079066</u>	_	
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:		
(Principal office address MUST BE A STREET ADDRE	ESS)	7A 28
		HAS -
Enter new mailing address, if applicable:		SET F
(Mailing address MAY BE A POST OFFICE BOX)		22.75
Manny warress MIT BETTT OFF GT TICE BOTT		ORDER 13
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B. If amending the registered agent and/or register registered agent and/or the new registered office addre		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGEM	TORTOSA, LUIS J	1150 W. STATE ROAD 436	/ Add
		ALTANONTE SPOINNS, FL 327	Remove
MACM	ANATO LEONARDO	1150 W. STATE BOAD 436	> Add
		ALTAMONTE SPEINMS , FL 3271	Remove
			Add
		ALL AHAS:	Remove
<u> </u>		E. FLORIBA	
		· · · · · · · · · · · · · · · · · · ·	Remove
			Remove
			— □
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). If am	ending any ot	her info ,	rmation, ente	r change(s) here:	(Attach additional sheets, if necessary.)
		<u> </u>			
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ated	MLY 3	<u>პ</u> ბ		2013	
	···		/		A.C.L
	,		Signature of a	member or authoriz	red representative of a member
			l	EONARDO	FAMATO
				Typed or printed r	name of signee
				Page 3	of 3

Filing Fee: \$25.00