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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor	ection porations					
SUBJECT: W 307 INVESTISSEMENTS LLC							
SUBJI			ted Liability Company	· · · · · · · · · · · · · · · · · · ·			
The cn	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			PAULA FREDERIC Name of Person				
			Name of Person				
			Firm/Company				
48			5 BRICKELL AV #4007 Address				
MIAMI, FL 33131							
		fro	City/State and Zip Code				
Б. С			deric_paula@yahoo.fr to be used for future annual report n	otification)			
For Iui	rtner information (concerning this matter, please of	can:				
		DERIC PAULA of Person	at (305) Area Code & Day	333-1567 vtime Telephone Number			
Enclos	sed is a check for t	he following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)			
Registration S Division of Co P.O. Box 632'		LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W 307 INVESTISS	EMENTS L	LC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	AUG 22, 2012	and assign	ned
Florida document number L12000107913				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :		
307 INVESTISSE				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Comp	any," the designation "I	LC" or the abb	previation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered office	ce address on	our records, enter t	the name of	the nev
registered agent and/or the new registered office address here:				
			SE TAL	
Name of New Registered Agent:	·		<u> 동</u> 음 %	
New Registered Office Address:	F	nter Florida street ada	Jree 20 J	
	L	mer I tortuu sireet uuu	7)
	City	, Florida	Zin Code	-
New Registered Agent's Signature, if changing Registered Agent:	C.I.y		0K. 5.	
THE PERSONNEL AND INCHES IN AUGUSTAL AND DESCRIPTION OF PARTIES.			_ૂ~r⊓ ખ	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Janaging Member		
Title .	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			□Add □Remove
			Add Remove
D. If amen	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
_		· · · · · · · · · · · · · · · · · · ·	
			-
Dated	SEPT 11	2012	
	Signature of a me	mper or authorized representative of a member	
•		PAULA FREDERIC	

Page 2 of 2

Filing Fee: \$25.00