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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
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T. CLINE
OCT 2 5 2012
EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	ESPI INV	ESPI INVESTMENTS LLC				
	Name of Limi	ted Liability Company				
	of Amendment and fee(s) are subspondence concerning this matter	-				
		Lourdes Torres				
	Carl	os de la Osa, C.P.A., PA				
		Firm/Company				
	267	267 Minorca Avenue #200 Address				
	•					
	Co	oral Gables, FL 33134				
	lou F-mail address: (lourdes@delaosacpa.com E-mail address: (to be used for future annual report notification)				
For forther information		·	unony			
For further informatio	n concerning this matter, please of	zan.	7 CS 600 600 7 CS 600 7 CS 6000 7 CS 600 7 CS 600 7 CS 600 7 CS 600 7 CS 600 7 CS 600 7 CS 60			
	ourdes Torres	at t	73-1040			
Name of Person		Area Code & Daytime	773-1040 PO			
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)			
МА	ILING ADDRESS:	STREET/COURIE	R 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 TO ARTICLES OF ORGANIZATION OF

		MENTS LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	s on our records.)			
The Articles of Organization for this Limited Li	ability Company	were filed on	10/05/2012	2012 and assigned		
Florida document numberL12000127	352					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	oility company her	2:			
S.E. I	NVESTMENT	rs group, LLC	;			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Compa	ny," the designation "	LLC" or the	e abbrev	iation
Enter new principal offices address, if application	able:	N/A			<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				77.67	7	
				35- 124 TE 171	- 60 - 13 - 13	
					2	1
Enter new mailing address, if applicable:		N/A		- XX-	Jen	Ĺ;
(Mailing address MAY BE A POST OFFICE BOX)				77.00	energy.	i.,
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B. If amending the registered agent and/or the new registered of			ur records, <u>enter</u>	the name	of the	new
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Florida street address				
		, Florida				
		City		Zip Co	de	

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 **Type of Action Address Title** <u>Name</u> MGR Luis Espinosa 121 Crandon Blvd ✓ Add Suite 900 Remove Key Biscayne, FL ☐ Add Remove ☐ Add Remove Remove <u>ا</u> Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A October 17 2012 Dated Signature of a member or authorized representative of a member EspinosA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00