# U3000110883

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AUG 28 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

ENG Investments, LLC

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:

David M. Cole, CPA

Name of Person

Firm/Company

5401 S. Kirkman Road, Suite 700

Address

Orlando, FL 32819

City/State and Zip Code

david@davidcolecpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Cole, CPA

*...*407、536-2033

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

ENG Investments, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/06/2013	and assigned
Florida document number L13000110883		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	OIC Investments, LLC	Disco B
(Principal office address MUST BE A STREET ADDRESS)	9500 Castleford Pointe	
	Orlando, FL 32836	
		SSEY 23
Enter new mailing address, if applicable:		TA A
(Mailing address MAY BE A POST OFFICE BOX)		
		15, T
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 = Managing Member **Title** <u>Name</u> **Address** Type of Action 9500 Castleford Pointe Gaby Moussaed **MGRM** Orlando, FL 32836 Remove Eli Moussaed 9500 Castleford Pointe MGRM Orlando, FL 32836 Remove 9500 Castleford Pointe OIC Investments, LLC **MGRM** Orlando, FL 32836 Remove Remove Remove

Remove

Ų	ould like to just remove both MGRM that are listed now
and a	add OIC Investments, LLC as the sole MGRM.
Dated Augus	t 13 2013
 Eli	Signartife of a member of authorized representative of a member
<u></u>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2913 AUG 23 AM D: 42
SECRETARY OF STATE
OF CHICAGO