# <u>Lly 000041Lf1</u>

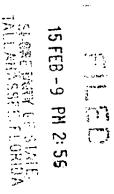
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### **COVER LETTER**

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TO: Registration Se Division of Cor		· · · · · · · · · · · · · · · · · · ·	
	ONTINENTAL INVEST	TMENT GROUP LLC.	
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BERNANRD MAMB	6O	
		Name of Person	
	TRANSCONTINENTAL INVESTMENT GROUP LLC.		
		Firm/Company	
	200 SOUTH BISCA	YNE BLVD. SUITE 2790	
		Address	
	MIAMI FL 33131		
		City/State and Zip Code	
	AXELBERNARD581	4@GMAIL.COM to be used for future annual report notific	
		·	zation)
For further information co	oncerning this matter, please c	all:	
DAVID O'KELLY		772 529 9008	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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

TRANSCONTINENTAL INVESTMENT	GROUP LLC.			
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.)   Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1400041681</u> .	y were filed on 03/12/2014	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	200 SOUTH BISCAYNE BLVD. SUITE 2790			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL. 33131	MIAMI FL. 33131		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he				
Name of New Registered Agent:		> (n)		
New Registered Office Address:	Enter Florida street address	### EB ###   F   F   F   F   F   F   F   F   F		
<del>-</del>	, Florida City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	08/2 <b>5</b>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am j s provided for in Chapter 605, F.S. Or,	familiar with and if this document is		

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> **Name Address MGR ERNEST COOPER** 174 NW, 79 STREET ☐ Add MIAMI FL. 33150 ■ Remove **MGR** SUZANNE A. DIE OHIN 200 SOUTH BISCAYNE BLVD. # 2790 MIAMI, FL. 33131 □ Remove \_ Add □ Remove \_□ Add □ Remove \_ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional CHANGE SECRETARY	al sheets, if necessary.)
CHANGE CORPORATE ADDRESS	
NOMINATION OF AUTHORIZE SIGNATOR	
CHANGE VMGR	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
Dated MIAMI, FEBRUARY 5TH , 2015	
Signature of member of authorized representative of DAVID O'KELLY, Secretary	a member
Typed or printed name of signee	

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Filing Fee: \$25.00

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