

04/17/2014 12:35

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SALVER

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Division of Corporations

Page 1 of 1

**L14000054719**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000091471 3)))



H140000914713ABC.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 17 AM 11:24

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LYG INVESTMENTS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

APR 18 2014

A. LUNT

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SALVER AND COOK  
4/17/2014 10:02:32 AM PAGE 1/001 Fax Server

PAGE 02/05



April 17, 2014

LYG INVESTMENTS, LLC  
333 NE 24 STREET  
SUITE 411  
MIAMI, FL 33137

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: LYG INVESTMENTS, LLC  
REF: L14000054719

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2014 APR 17 AM 11:14  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H14000091471  
Letter Number: 114A00008254

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**LYG INVESTMENTS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/3/14 and assigned  
Florida document number L14000054719.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PAUL SALVER, PA

New Registered Office Address:

2721 EXECUTIVE PARK DRIVE, SUITE 3

Enter Florida street address

WESTON

City

, Florida 33331

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 603, 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 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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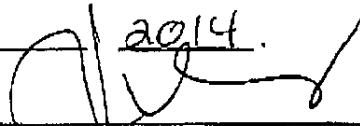
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/16 2014



Signature of a member or authorized representative of a member

**OSCAR FERNANDEZ**

Typed or printed name of signer

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2014 APR 17 AM 11:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA