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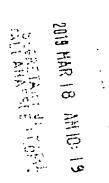
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

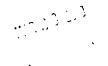
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## **COVER LETTER**

TO:

	Registration Se Division of Cor			·	
CIID IEC	ESJ DESIG				
SUBJEC	.1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	71.
					7.50 T
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Gabriel Amiel			STATE STATE OF THE
			Name of Person		<u>.</u>
		20900 NE 30 Ave, Suite 9	Firm/Company		
		A El 22180	Address		
		Aventura, FL 33180	City/State and Zip Code		
		ga@investcapital.us			
			to be used for future annual rep	ort notification)	
For furthe	er information c	oncerning this matter, please c	all:		
Steven M	1. Reisman, Esq		786 286-1	160	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (	e of Status &
	Registr	ING ADDRESS: ation Section n of Corporations	Registration	COURIER ADDRESS: a Section Corporations	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	10	
ARTICLES	OF ORGANIZATIO	N E .
	OF	
	01	
FOLDESICN DISTRICT 40 LLC		our records.) 014 and assigned
ESJ DESIGN DISTRICT 40, LLC		
(A Florida I	Company as it now appears on limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{07/17/2}{}$	and assigned of
Florida document number L14000113373		4.5
Torrida document marioot	<b>_</b> '	
This amendment is submitted to amend the following:		
A If any adding some order the some section limits	ad liability sammany bana.	
A. If amending name, enter the new name of the limit	ed namuty company nere:	
DESIGN DISTRICT 40 LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		· · · · · · · · · · · · · · · · · · ·
<u>(Principal office address MUST BE A STREET ADDRE</u>	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our	r records, enter the name of the new
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
ivanie of ivew registered Agent.		
New Registered Office Address:		
	Enter Florida si	reet address
		. Florida
<del></del>	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
		****	□ Remove
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Note:	ve date, if other than the de- ective date is listed, the date must b If the date inserted in this block ent's effective date on the Dept	k does not meet the applica	able statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 ( listed as t
	ord specifies a delayed e 90th day after the recor		t an effective time, a	at 12:01 a.m. on the e	arlier of:
Dated_	MARCH 15	. 2010	Q		
		(Trans		>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00