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## **COVER LETTER**

Division of Corpo	rations '		
SUBJECT: Fig	5 hberg Inventor	estments / C C nited Liability Company	·····
The enclosed Articles of Ar	nendment and fee(s) are sub	emitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Steve	2 FISHMAN Name of Person	
	Sigal	Group Develo Firm/Company	pments, LLC
	Boca	Raton F ( City/State and Zip Code	<u> 3349</u> 6
	Sa F E-mail address: (	to be used for future annual report notif	Mail. Gonz
For further information con-	cerning this matter, please c	all:	AFASSA TO
Steve	Fishman	at (6(7) 593	5-417 P 0 E
Name of P	erson	Area Code Daytime	RA HZOI  33496  Mail. Garage  fication)  Part of the Company of th
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:**

TO:

**Registration Section** 

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

Fishbers	j Investments, LLC
(Name of the Limited )	Sability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{O/9/07//\zeta}{27}$ and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	IDDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	xo
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Floridā:   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 = Manager

AMBR'= A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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lfan effective da <u>Note:</u> If the d	e, if other tha ate is listed, the da ate inserted in t fective date on	te must be spec his block doe	ific and o s not me	cannot be peet the ap	prior to da plicable :	e of filing o		90 days at			
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Filing Fee: \$25.00