L9900000632

(Requestor's Name)					
(Address)					
(Address)					
(Audiess)					
. (City/State/Zip/Phone #)					
· · · · · · · · · · · · · · · · · · ·					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Emily Hame)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
*					



200193320532

02/10/11--01010--024 **60.00

SECRETARY OF STATE ON STATE OF CORPORATIONS

Office Use Only

COVER LETTER

TO: Registration S Division of Co	Section 3 - Section Section 5	•	
SUBJECT:	LES Inves	tment Group, LLC	
•	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Leo Schigiel	
		Name of Person	
		Firm/Company	
4		3200 NW 77th Court	
		Address	
		Doral, FL 33122	,
		City/State and Zip Code	
•		sas@opustone.com	
	E-mail address; (to be used for future annual report notif	lication)
For further information	concerning this matter, please o	all:	
	isa Schigiel		468-1515 ne Telephone Number
·	or reison	Area Code & Daytim	le 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	Sectificate of Status & Certified Copy (additional copy is enclosed)

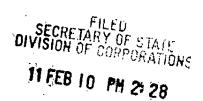
MAILING ADDRESS:

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



LES INVESTMEN	IT GROUP, L	C.	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	02/04/1999	and assigned
Florida document numberL9900000632			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
L & L Class	ics, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	6965 NW 43r	d Street	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33	166	
Enter new mailing address, if applicable:	3200 NW 77ti	h Court	
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 331	22	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:		σ <u>.</u>	
New Registered Office Address:			
	Eni	ter Florida street addr	ess
		, 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 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

		Add Remove Add Remove
		Add Remove
any other information, enter change		
		SECRETON OF THE PROPERTY OF TH
		TARY OF S
,	<u> </u>	LEU Y OF STATE CORPORATIONS
	,	any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00