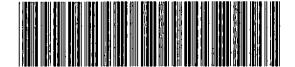
## L03000021417

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Piamon	te Group			÷
		_		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	John J. Montani	Q1 (D)		
		(Name of Person)		
	Piamonte Group			•
		(Firm/Company)	-4	
			ALE III	or many resident
	10359 Oak Meadow Lan	(Address)		l j
		(Addiess)	N 23	
ده د				177
		(City/State and Zip Code)	70	O
			1: 33 ORIGI	
For further information co	oncerning this matter, please of	all:	Sm w	
John J. Montani		at ( 561 ) 762-4192		
(Name of Person)		(Area Code & Daytime T	Celephone Number)	
T	C.11			
Enclosed is a check for the	_	_	_	
\$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of State	ıs &
		(additional copy is enclosed)	Certified Copy (additional copy is	analocad)
			(auditional copy is	elicioseu)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

Registration Section
Division of Corporations
Clifton Building Registration Section **Division of Corporations** P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Piamonte Group			
(Name of the Limite	d Liability Company as it now app A Florida Limited Liability Company	ears on our records.)	<del></del>
The Articles of Organization for this Limited I	iability Company were filed on J	une 13, 2003	_ and assigned
Florida document number 1.03000021417			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Con		
Enter new principal offices address, if appli	cable:	SECH	
(Principal office address MUST BE A STRE	ET ADDRESS)	Hri C	
	<del></del>	AY OF STA	
Enter new mailing address, if applicable:		- <u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u>≽∵</u>	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the	name of the new
Name of New Registered Agent:	Diane J. Greenspan		
New Registered Office Address:	6300 S. E. Moss Ridge Place		
		(Enter Florida street addre	·
	Hobe Sound	, Florida <u>3345</u>	
	(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 Changing Registered Agent, Signature of New Registered Agent)

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 MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	Reimpve		
			<del></del>		
Dated June	John J.	mor or authorized representative of a member			
	John J. Montani	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00