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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEATRIZ M. CAPOTE, P.A.

Account Number : I19990000052

Phone : (305) 374-1555

Fax Number : (305)374-0908

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

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited L (A F	ENRA REA iability Compa lorida Limited I	ALTY, LLC ny 8 3 is now appear: liability Company)	on our records.)	-		
The Articles of Organization for this Limited Liab Florida document number		were filed on	09/02/2004	an d	l assigned	i
This amendment is submitted to amend the follow	ving:			Eo	2010	
A. If amending name, <u>enter the new name of t</u>	he limited liab	<u>ílity company here</u>	;	CRETA	1 4.06 2	time -
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compar	y," the designation "	LLC' er	the abbre	viation
Enter new principal offices address, if applicat	ole:	1757 SOUTH	WOOD DRIVE	F 5	('B)	<u>.</u>
(Principal office address MUST BE <u>A STREET</u>	ADDRESS)	ASHBORO, N	C 27205		<u> </u>	
Enter new mailing address, if applicable:					<u></u>	
(Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter</u>	the nam	e of the	<u>pew</u>
Name of New Registered Agent:	BEATRIZ M. CAPOTE, ESQ.					
New Registered Office Address:	799 BRICKELL PLAZA, SUITE 700				<u></u>	
		Enti	er Florida street ad	dress		
		MIAMI	, Florida	33	131	
		City		Zip C	ode	•
New Registered Agent's Signature, if changing Re-	gistered Agent:					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision's 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 flability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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:

	= Manager M ≈ Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		Add Remove
			Add Remove
		ASSEE F. OR	Add
D. If a	mending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	Remove Add Remove
D, 11 W		SENRA, OCTAVIO SENRA, TRUSTEE OF	_
	THE OCTAVIO SENRA TRUST,	AND CREMILDA SENRA, TRUSTEE OF THE	_
	CREMILDA SENRA TRUST, THE	MANAGERS AND MANAGING MEMBERS	_
	OF SENRA REALTY, LLC, IS HE	REBY AMENDED TO READ "1757 SOUTH	_
	WOOD DRIVE, ASHBORO, NC 2	27205".	-
Dated _	AUGUST 20	2010	
	B	ped or printed name of signee	