## 105000033813

(Requestor's Name)  (Address)	700195535397	700195535397	
To: From:	Division of Corporations Fax Number : (850) 617-6383  Account Name : AGENTS AND CORPORATIONS IN THE PROPERTY OF THE PROPERTY O	1	
	Account Number : 120010000112 Phone : (302)575-0875 Fax Number : (302)575-0925	iC	
	mailings. Enter only one email address please		
Email Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Special Instructions to Filling Officer.

No that the pool of the administration of the

Office Use Only

SECRETARY OF STATE DIVISION OF CORPORATION

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	SOL Y LUZ		1 H	
(Name of the Limite	d Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	HAR 2	
			of co	
The Articles of Organization for this Limited		4/5/2005	and assigned 공유	
Florida document number L0500003	33213		£ ×2	
			22	
This amendment is submitted to amend the fo	llowing:		<b>5</b>	
A. If amending name, enter the new name	of the limited liability company her	<u>:c:</u>		
	SOL Y LUZ LLC			
The new name must be distinguishable and end w "L.L.C."	with the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
	***************************************			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			he name of the new	
Now Bosistand Office Address	300 Fifth Avenue South, St	ite 101-330		
New Registered Office Address:	Enter Florida street address			
	Naples	, Florida	34102	
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	proper and complete performance sistered agent as provided for in Ch registered office address, I hereby	of my duties, and I a napter 608, F.S. Or, is confirm that the lim	m familiar with and if this document is nited liability	

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:	

	Name	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang		
D. If amend	ling any other information, enter chang		
D. If amend	ing any other information, enter chang		
	MARCH 2011		

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Filing Fee: \$25.00