L09000051848

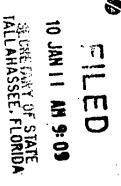
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(0.5) 2 3 3 3 7 7					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600164969076

01/11/10--01030--008 **25.00



COVER LETTER

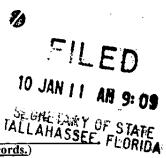
TO:

TO:	Registration So Division of Co		•		
SUBJI	ECT:	Studio R	ealty Group, LLC		
			ited Liability Company		
		Amendment and fee(s) are su	_		
riease	return an correspo	ondence concerning this matte	i to the following.		
			D. Kalinowski		
			Name of Person		
			MyLLC.com Firm/Company		
5716 Corsa Avenue Suite 110 Address					
		147	- U- N- N/U	20	
		vve	stlake Village, CA 9136 City/State and Zip Code	02	
		isabe E-mail address:	elpapagno@bellsouth.r	net	
For fu	rther information of	concerning this matter, please			
		leline McCann	at (<u>888</u>)	886-9552	
	Name o	of Person	Area Code & E	Daytime Telephone Numbe	r
Enclos	sed is a check for t	he following amount:			
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Status &
		ING ADDRESS:		OURIER ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327			Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STUDIO REALTY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	05/28/2009	and assigned
Florida document number <u>L0900051848</u>			
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> :	
The Studio G	•		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	595 South Federal Highway; Sixth Floor		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton,	FL 33432	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:		ter Florida street add	
	En	iter Fioriaa sireei aaa.	ress
		, Florida	7: 0 1
	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 Mumbers on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>itle</u>	Name	Address	Type of Action
	<u></u>		Adıl Resbuye
			Adil
 			Add Remove
			Add Remove
			Add Remove
Aurara to			Add
). Usmeni	ling any other information, enter cha	age(s) noro: Attach additional sheets, if never	Mark.)
		****	AHE AND THE SEASON OF THE SEAS
			JAN II AB 9: 03 AHASSEE, FLORID
 , bated	December 23	2009	8
	Signature of a mean	oer or authorized regressmistivool's number	

Filing Fee: \$25.00