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D. BRUCE

JUN 1 2 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: The Law From of Relo-Coughlin & Coughlin L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dayliset Rielo Name of Person
The law 5cm of Lielo-Carplin + Couplin LLC Firm/Company
14 N.9 IST AVC, SHE 224 Address
City/State and Zip Code
E-mail address: Ito be used for future annual report notification)
For further information concerning this matter, please call:
Toujiset Lido at 964 343-4959 Fig. Area Code & Daytime Telephone Number St. Ar
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \] \$60.00 Filing Fee, \\ \text{Certificate of Status & Certified Copy} \\ \text{(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

The Law Sim OF Riell Name of the Limited Liability	b-Caynlin + (agnlin L.L.C. lity Company as it now appears on our records.) la Limited Liability Company)		
(A riorida	a Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 91115 and assigned		
Florida document number <u>L 1000009223</u>			
	 ·		
Th:	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The Rielo La	v Sim L.L.C.		
	words "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	DRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	SX -		
B. If amending the registered agent and/or regi	sistered office address on our records, enterthe name of the new		
registered agent and/or the new registered office ad			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zin 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 MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
			AddRemove	
			AddRemove	
			Add Remove	
			AddRemove	
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	12 JUN I PR 4: 26 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Dated		·		
	DAMISE	er or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00