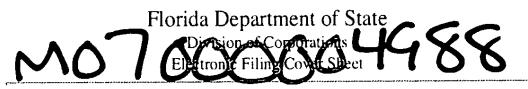
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:		-		

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Help

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State:	REAL ESTATE LLC		
Enter new principal office address, if applicable:			
<u>Principal office address</u> MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable: Mailing uddress		<u> </u>	202
MAY BE A POST OFFICE BOX)			7022 HAY
2. The Florida document number of this limited lia	ability company is:		_96 ,′,∟⊏
3. Jurisdiction of its organization: California		7. T.	PH 2:
Date authorized to do business in Florida: Os/1 Oster authorized	5/2007	•	96
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.	.C.," or "L	LC.")
If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.(naging members adopting the alternate name.	rida and att The alterna	ach a ite name
copy of the written consent of the managers or ma	inaging members adopting the alternate name. C." or "LLC.") red officer address on our records, enter the name.	The alterna	ite name
copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(6. If amending the registered agent and/or register registered agent and/or the new registered office a	inaging members adopting the alternate name. C." or "LLC.") red officer address on our records, enter the name.	The alterna	ite name
copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.(6. If amending the registered agent and/or register registered agent and/or the new registered office a	inaging members adopting the alternate name. C." or "LLC.") red officer address on our records, enter the name address here:	The alterna	ite name
copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.6.6. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	naging members adopting the alternate name. C." or "LLC.") red officer address on our records, enter the name address here: Enter Florida Street Address., Florida	The alternative of the needs the needs the needs the needs the needs to be needed t	ew
copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.6.6. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	ed officer address on our records, enter the nanddress here: Enter Florida Street Address	The alterna	ew

pg 3 of 3

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
itle/ Capacity	<u>Name</u>	Address	Type of Action			
AS	ROGERS, CYNTHIA		□Add			
			■Remov			
Assistant Secretary	Crystal Schwartz	331 W VENICE AVE	🗖 Add			
		VENICE, FL 34285	□Remo			
			□Add			
			□Remo			
			□Add			
			□Remo			
		_	□Add			
aforementio	a certificate, if required: no more t ned amendment(s), duly authentica under the law of which this entity	ated by the official having custody of records in the	□Remo			
	Signa	ture of the authorized representative				

Filing Fee: \$25.00