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| (Req | uestor's Name) |) | | |
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| (City/ | State/Zip/Phon | ne #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Busi | ness Entity Na | me) | | |
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HILLD TO MAY 21 PM 1: 26 SECRETARY OF STATE

J. BRYAN

MAY 24 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: REAL GRAND ONE, LLC 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: |
| TEAN N. KONSTANTINO Nume of Person |
| Firm/Cumpuny 2 2 7 |
| DUNEDIN, FL 34698 |
| DUNEDIW, FL 34698 City/State and Zip Code TKONSTANTINO @ Tampabay, rr, com E-mail address: (to be used for future annual report notification) |
| TKONSTANTINO @ Tampabay, rr, com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jean N. Konstantino at (727) 953-6051 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S30.00 Filing Fee S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (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

| REAL GRAND O | NE.LLC | | |
|--|--|-------------------------|--|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) | | |
| The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L-100005//34}{}$. | were filed an $0.5/1/2010$ | and sixing 2 | |
| This amendment is submitted to amend the following: | | 3 3 7 | |
| A. If amending name, enter the new name of the limited liabilit | ty company kere: | 1:26 FLOWER | |
| The new name must be distinguishable and end with the words "Limited "L.L.C." | d Liability Company," the designation "I | LC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST RE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: | | the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| | 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

, MGR = Manager

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:

| MGRM = Managing Member | | | | | |
|------------------------|--|--|--|--|--|
| Title | Name | Address | Type of Action | | |
| Manager | - Jean N. Konstantino | Dunedin, Fh 34698 | Add Remove | | |
| بمعدد المعدد | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | ************************************** | | Add Remove | | |
| | | s) here: (Attach additional sheets, if necessary.) | TO MAY 21 PM 1: 26 SECRETARY OF STATE SALLAHASSEE, FLORIDA | | |
| Dated | 05/18/2010 Jean 11. Signature of a member of | Lindentino rauthorized representative of a member | | | |
| _ | Jean N. A | Constantino | ··· | | |

Page 2 of 2

Filing Fee: \$25.00