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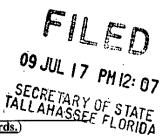
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	BREZINA 8	REITNECHT LLC	
	Name of Lim	ited Liability Company	
	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	•		
	MI	CHAL POSTRANECKY	1
		Name of Person	
	BRE	ŽINA & REITNECHT LI	C
		Firm/Company	
	30	904 NASSAU STREET	
		Address	· · · · · · · · · · · · · · · · · · ·
	SAR	ASOTA, FLORIDA 342 City/State and Zip Code	31
	POST	RANECKY@GMAIL".C	OM;
	E-mail address:	to be used for future annual repor	t notification)
For further information	concerning this matter, please	call:	C
	L POSTRANECKY	at (702)	858-4556
	of Person		Paytime Telephone Number
		•	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy
		(additional copy is end	(additional copy is enclosed)
, , N		d .	
MAILING ADDRESS: Registration Section		STREET/CO Registration	OURIER ADDRESS: Section
Divisi		Division of C	Corporations
Tallah	nassee, FL 32314		ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ß

BREZINA & REITNECHT LLC

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

The Articles of Organization	n for this Limited Liab	oility Company were filed on	FLORIDA	and assigned	
Florida document number _	L000000046				
		•			
This amendment is submitte	d to amend the follow	ving:			
A. If amending name, ent	er the new name of t	he limited liability company h	ere:		
		:			
The new name must be disting "L.L.C."	uishable and end with	the words "Limited Liability Com	pany," the designation "l	LLC" or the abbreviation	
Enter new principal office	s address, if applicat	ole:			
(Principal office address M	<u>UST BE A STREET</u>	ADDRESS)	***		
:					
Enter new mailing address	s, if applicable:	 			
(Mailing address MAY BE	<u>A POST OFFICE B</u>	<u> </u>			
B. If amending the registered agent and/or the		registered office address on ce address here:	our records, enter	the name of the new	
1 - 27.5		11	,		
Name of New Reg	istered Agent:				
New Registered O	ffice 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

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 **Title** <u>Name</u> Address **Type of Action** MGR RICHARD PETROVIC 2904 NASSAU ST ☐ Add Remove SARASOTA, FLORIDA 34234 MGR MICHAL POSTRANECKY 2904 NASSAU STREET SARASOTA, FLORIDA 34231 Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated ____ JULY, 15 2009 Signature of a member or authorized renember MICHAL POSTRANECKY

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee