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SECRETARY OF STATE
FALLAHASSEF FINAL

J. BRYAN

JUN 26 2009

EXAMINER

COVER LETTER

Division of C	orporations		
SUBJECT:	Mian Name of Limit	ni brop One led Libility Company	LLC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cåndy Able	Mondon Name of Person Advesory Firm/Company	· · · · · · · · · · · · · · · · · · ·
For further information	200 E	Address Address SFL 34102 City/State and Zip Code Ly Warner Corr o befused for future annual report notification all:	O9 JUN 25 PH 12: 01 QECRETARY OF STATE LLAHASSEE, FLORIDA
Name	e of Person	at (239) 430 · 431 Area Code & Daytime Tele	Cohone Number
	r the following amount:	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIER A	ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Miamipro	P ONE LLC		
(Name of the Limited Lability Co (A Florida Lim	Impany as it now appears on our records.) ited Liability Company)		
•	pany were filed on Jeburay 7,2003 and assigned		
Florida document number <u>L020060.3047</u> .	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and end with the words '"L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	INI INI INI		
(Principal office address MUST BE A STREET ADDRES	SSI ARREST T		
	ASSET P		
Enter new mailing address, if applicable:	E.F. F. S. D		
(Mailing address MAY BE A POST OFFICE BOX)	ORRIDA		
	ed office address on our records, enter the name of the new		
registered agent and/or the new registered office address	s nere:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	City , Florida Zip Code		
New Registered Agent's Signature, if changing Registered A	gent:		

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.

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 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		
Mgr		700 Eleventh Street S PHZ Naples, FL 34102			
Mgi	ADMAC Properties	700 Eleventh Street South PH2 Naples, FL 34102	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
_ ,,,, . ,,			Add Remove		
D. If a	mending any other information, enter change	e(s) here: (Attach additional sheets, if necessary	.) 		
		AH)	O9 JUN		
		SEE FLOR	13 PM 52 PM 12 PM		
Dated _	May 20, 200 Byne Signature of a member	mor.	0) 		
	Canda	or printed name of signee			
	Турси	or harmon munio or pignion			

Page 2 of 2

Filing Fee: \$25.00