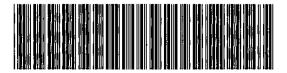
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AUG 2 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMT / SUM / SUM / SUBJECT: 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:	
Calle MAHIS AUSIE SANTAINA	
Est Cost News Proporties, LLC	
Asym funt 1/ 32/37 HAS	-
	erant.
JULIE @ ECAEMUS DICURITIES COM = =	
-mail address: (to be used for future annual report notification)	N. ~
For further information concerning this matter, please call:	
Name of Person at (386) 445-9388 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \text{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

East Cont Promis	Prositis (16
(Name of the Limited Liability Company as it	now appears on our records.)
(A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were t	iled on 05/10/000 and assigned
Florida document number <u>LO200001/3.9/</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation
"L.L.C."	
Enter new principal offices address, if applicable:	AHE AUG
(Principal office address MUST BE A STREET ADDRESS)	(SS) (SS) (SS) (SS) (SS) (SS) (SS) (SS)
	ma o
	I ST
Enter new mailing address, if applicable:	ORAC CH
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ldress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name .	Address	Type of Action
MGRM	[July Mathy	138 MAIN CUST PHU MAIN CUST H 321	Add Add Remove
MILM	Oplie MAHNIS ANTA	M JAM POINT THE	Add Remove
	IL MAHNI RUSSIZ.	Santana	Add
			Agid Agid
			Add Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if	Remove
_			
Dated	August 20 Muli	. 2010. MAHIS ADSIE SAM	THINA
	Signature of a	a member or authorized representative of a member A Typed or printed name of signee	A

Page 2 of 2

Filing Fee: \$25.00