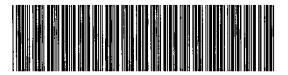
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	. MAIL
(B	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:		ration Sect on of Corpo			•
CIID	He JECT:	oliday Realt	ry Group, L.L.C.		
SUB	JECI:		Name of Limi	ted Liability Company	
The e	enclosed A	rticles of Aı	mendment and fee(s) are subi	mitted for filing.	
Pleas	e return all	correspond	lence concerning this matter	to the following:	
			Michael J. Faehner, Esq.		
				Name of Person	
			M. Faehner, Esq., LLC		
				Firm/Company	
			600 Bypass Drive, Suite 10	0	
				Address	
			Clearwater, FL 33764		
				City/State and Zip Code	
			filings@mfaehner.com		(Gastan)
				o be used for future annual report not	incation)
For fi	urther info	rmation con	cerning this matter, please ca	ill:	
Mich	ael J. Faeh	ner		727 443-5190 at ()	
		Name of P	erson		ne Telephone Number
Enclo	osed is a ch	eck for the	following amount:		
■ \$	25.00 Filir	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, 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

Holiday Realty Group, L.L.C.			
(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	.)
e Articles of Organization for this Limited Lorida document number Lo2000018639	iability Company	y were filed on <u>07/23/2002</u>	and assigned
s amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited lia	bility company here:	
new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
ter new principal offices address, if applic	able:		
incipal office address MUST BE A STREE	ET ADDRESS)		
			As b
ter new mailing address, if applicable:		4314 Harbor Watch Lane	SEP I
ailing address MAY BE A POST OFFICE	BOX)	Lutz, FL 33558	9
If amending the registered agent and eistered agent and/or the new registered or			, enter the name of the n
Name of New Registered Agent:	Michael J. Fae	hner	
New Registered Office Address:	600 Bypass Da	rive, Suite 100	
Negistered Office Hadress.		Enter Florida street address	
	Clearwater	, Flo	orida <u>33764</u>
		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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Difante, Brooke		
			■ Remove
			☐ Change
MGR	Valan Trust	4314 Harbor Watch Lane	■ Add
		Lutz, FL 33558	□ Remove
		·	☐ Change
			□ Add
			Remove
			□ Change
			□ Add _.
			☐ Remove
			☐ Change
	•		Add
			SE S
			Change 7
			□ Remove
			∏ Change

ii amem	ding any other information	on, enter change	(s) here: (Attach ad	lditional sheets, if nec	essary.)	
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fan effect <u>Note:</u> If documen	e date, if other than the date is listed, the date must be the date inserted in this block it's effective date on the Depard specifies a delayed of the day after the record	e specific and cannot k does not meet the artment of State's a	e applicable statutory records.	or more than 90 days after filing requirements, thi	is date will not be list	ed as t
Dated	9/12 DNOV	, 2010	5 Hill		16 S SECR TALLA	
	- 1 / V S	gnature of a member	or authorized represent	ative of a member	P 19	A STATE OF THE STA
	Valan Trust	ſ				
	Valan Trust	Typed	or printed name of sign	ee	HII: 13	i i

Filing Fee: \$25.00