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2009 JUN 19 PH 2: 10
SECRETARY OF STATE
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C. LEWIS

JUN 2 2 2009

EXAMINER

## \* COVER LETTER .

TO: Registration S Division of Co	ection rporations				
SUBJECT:					
		& ASSOCIATES, LLC ted Liability Company			
	f Amendment and fee(s) are sub ondence concerning this matter	_			
	JOSE L. LORENZO				
Name of Person					
J.L. LORENZO, P.A.					
Firm/Company					
25 SEABREEZE AVENUE, SUITE 202					
Address					
DELRAY BEACH, FL 33483  City/State and Zip Code					
					jlorenzolaw@cs.com  E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c				
JOS	E L. LORENZO	#(	76-8100		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDDESS.		STREET/COURIE	D ADDDESS.		

Registration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JUN 19 PM 2: 11

J.C. DEN (Name of the Limited Lia (A Flo	IRO & ASSOCIATES bility Company as it now apperida Limited Liability Company	), LLU TAISI A	ETARY OF STATE HASSEE, FLORIDA
The Articles of Organization for this Limited Liabi Florida document number L0200002722		10/15/2002	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	e limited liability company he	ere:	
	EAL ESTATE PROPERT		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	-	our records, enter	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

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 **Type of Action Title Address** Name ☐ Add Remove Remove Add [ ☐ Remove ☐ Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) වුවාය Dated JUNE 121 Signature of a member or authorized representative of a member JOHN C. DENIRO Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00