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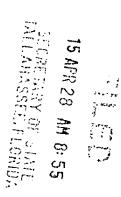
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COVER LETTER

TO: Registration Sec Division of Corp		*	
	ay Investment Properties, LL	С	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Carlos Aguilar		
		Name of Person	
	Somerset Corporate Ser	rvices, Inc.	
		Firm/Company	
	200 Crandon Blvd Suite	e 360	
ń		Address	
	Miami, Florida 33149		
		City/State and Zip Code	
	mrodriguez@aguilarfirm.co		
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
Carlos Aguilar		786 553-8850	
Name of	Person		Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing 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

DEERING BAY INVESTMENT PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) May 9, 2003 The Articles of Organization for this Limited Liability Company were filed on and assigned L03000016812 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Add
			C Remove
			Add
,			Remove
			Add P
		•	Add Remove
			□ Remove
			□ Add
			D Remove

MANAGE	EMENT. The business of the limited liability company shall be
Manager	-Managed
ective date, if ot	her than the date of filing:(optional)
effective date must b	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date must be date this document in April 1	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
effective date must be date this document is	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
effective date must be date this document in April 1	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
effective date must be date this document in April 1	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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