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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	OLIVIERI M (Name of Lin	Janagement LLC nited Liability Company)		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	William M C	(Name of Person)		
	Ohivieri Ma	racement LLC (Firm/Company)		Ł.
	4951 Seddl	e cak Tehic (Address)		OT DEC 1
	SARSETA F	City/State and Zip Code)		OT DEC 10 AM 11:18 SECRETARISHED FROMBLE
For further information	concerning this matter, please	call:		ARE O
. William (Name	M OLIVIERI e of Person)	at (<u>94)</u> \$09-24 (Area Code & Daytim	657 e Telephone Numb	per)
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 Certificate of St Certified Copy (additional copy	atus &

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

Ohivioni Managa (Prese (A Florida Limite	ent Name) d Liability Company)		
The Articles of Organization were filed on	/26 /2004 73	and assigned	
This amendment is submitted to amend the follow	ing:	Add	
Paul V. OLivieri Joseph F. Clivien'	Marin	Add	<u></u>
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A			SECHE VARY OF STATE
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215107,	•		
Willia :			
Signature of a member or auth		f a member	
William M OLIVI Typed or prin	ted name of signee		

Filing Fee: \$25.00