L04000046256

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		PICK-L	JΡ		WAIT		MAIL
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Certi	fied Co	pies		•	Certific	ates of	Status
Sp	ecial In	struction	ns to f	iling	Officer:		

Office Use Only



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SECRETARY OF CORPORATIONS

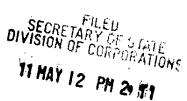
COVER LETTER

TO:	Registration Section Division of Corpo						
SUBJE	ECT:	Fornaro	Consulting LLC				
			ted Liability Company	······			
		nendment and fee(s) are sub	_				
Please	return all correspond	ence concerning this matter	to the following:				
	Robert Fornaro						
			Name of Person				
		P	arkview Partners LLC				
			Firm/Company				
			9213 Foxhall Ct				
		Address					
			rlando, Florida 32819				
			City/State and Zip Code				
			rfornaro@aol.com (to be used for future annual report notification)				
For fur	ther information con	cerning this matter, please c	all:	•			
	Robe	rt Fornaro	at (407) 95	52-9701			
	Name of Po	erson	Area Code & Daytime To	elephone Number			
Enclose	ed is a check for the t	following amount:					
□\$2 5	.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 Registration	G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:			

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



Fornaro Con	sulting LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liability Company		June 18, 2004	and assigned
Florida document numberL0400046256			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
Parkview Par	tners LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:	9213 Foxha	II Ct.	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Flo	orida 32819	
Enter new mailing address, if applicable:	9213 Foxhal	ll Ct.	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL	32819	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter th	e 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 = Ma $MGRM = N$	inager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Ε,
			□ Damasua
			Add Remove
~			AddRemove
			Damoua
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sh	eets, if necessary.)
			SECRETAR OF C
	May 10	2011	Y OF STATE
Dated	May 10	, <u>2011</u> . <i>Plat</i> 2	- IONS
	Signature of	of a member or authorized representative of a n	nember
		Robert Fornaro Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00