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(Re	equestor's Name)	)		
(Ad	idress)			
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(Cit	ty/State/Zip/Phon	e #)		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	<sub>CCT:</sub> Laura Esther Salicrup, LL0	C	
	(Name of	f Limited Liability Company)	
	closed Articles of Amendment and fee(s) are	-	
Please 1	return all correspondence concerning this ma	atter to the following:	
	Laura Salicrup		
		(Name of Person)	TAS C
	Laura Esther Salicru	ıp, LLC	07 MAR 15 SECRETARY ALLAHASSE
		(Firm/Company)	- AR ARA
	2742 Blowing Bree	eze Way	
		(Address)	PH 12: 40 OF STATE FELORIDA
	Orlando, FL 32820	0	ATE 40
	(C	City/State and Zip Code)	
For furt	her information concerning this matter, pleas	se call:	
	Laura Salicrup	at ( 407 ) 256-7	606
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed	l is a check for the following amount:		
	0 Filing Fee \$\bigcup \$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/COURIE, Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La	ura Esther Salicrup, LLC	<u> </u>		
	(Present Name) (A Florida Limited Liability Company)			
	,			
FIRST:	The Articles of Organization were filed on Dec 2, 2004 and assigned document number L0400037037 and assigned			
SECOND:	This amendment is submitted to amend the following: Afficie IV			
	Please change name to:		_	
	Salicrup Realty & Investment Properties, LLC.			
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		<del>用5</del>	PH	d. Fr
		<u> </u>	d H	'azari P
			0 1 1	: .57
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			_	
			_	
Dated Ma	arch 4th, 2007			
	Signature of a member or authorized representative of a member			
	Laura Salicrup			
	Ladia Galiciup			
	Typed or printed name of signee			

Filing Fee: \$25.00