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SECRETARY OF STATE
DIVISION OF CORPORATIONS
ON ALIC 18 PM 12: 17

J. BRYAN

AUG 1 9 2008

EXAMINER

COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE	CT: SOVAN	IC REALTY LLC				0
OC DOL	···	(Name of Lim	ted Liability Comp	any)		_
		Amendment and fee(s) are sub				
			RUBEN D. TOF	२०		
(Name of Person)						5
RUBEN TORO PA				OB AUG 18 PH 12: 1		
	(Firm/Company)					ALIG THE FILE
7901 KINGSPOINTE PKWY STE 31						8 CORPE
			(Address)			12 SE
					Ta logs	
			(City/State and Zip	Code)		
For fur	ther information co	oncerning this matter, please c	all:			
RUBE	N D. TORO		at (_407	370-6445	· · · · · · · · · · · · · · · · · · ·	
	(Name o	of Person)	(Ar	ea Code & Daytime To	elephone Number)	
Enclos	ed is a check for th	ne following amount:				
2 \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Certified Co (additional		□\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Re Di Cl 26	REET/COURIER registration Section vision of Corporatio ifton Building 61 Executive Center illahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONISION OF STATIONS ON INC. 13

S	OVANIC REALTY LLC	7			
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our recording Limited Liability Company)	rds.)			
The Articles of Organization for this Limited Liability	ity Company were filed on 01/11/2005	and assigned			
Florida document number L05000002948	·				
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liability company here:	•			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the design	nation "LLC" or the abbreviation			
Enter new principal offices address, if applicable	<u> </u>				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	(Enter Florida street address)				
_	(City), Flo	rida(Zip Code)			
	(C <i>ity)</i>	(Zip Coae)			

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** <u>Title</u> <u>Name</u> <u>Address</u> MARINELA DIONISI MGR ■ Add 8318 BOYLA CT. Remove WINDERMERE FL34786 ☐ Add Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated × 74LY	31, 2008	
1 0 7		
<i>Y</i>	Signature of a member or authorized representative of a member	
/	FRANCOIS K. DIONISI	
	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00