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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Francle Livin	g Real Estate LL tod Liability Company)	<u>c</u>
The enclosed Articles of	f Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Howard	Yagoda (Name of Person)	
		(Firm/Company)	25 St
	1035 S Fe	deval Hwy Apt	1 203
·	Delray Bo	h FL 3348 (City/State and Zip Code)	3
For further information	concerning this matter, please ca	all:	
- Pau (Name	Rubin of Person)	at (561) 750-820 (Area Code & Daytime T	GG elephone Number)
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Grande L	oving Re	al Estate	LIC		
(<u>Name of the Limited</u> (A	<mark>Liability Company</mark> Florida Limited Lia	as it now appears or bility Company)	n our records.)		
The Articles of Organization for this Limited Lia	ability Company w	ere filed on 6	10/2005	and assigned	
Florida document number <u>LO 50600 b</u>	<u> </u>				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company,	"the designation "	LLC" or the abbrev	iation
Enter new principal offices address, if applica	ble:			SS SS	-
(Principal office address MUST BE A STREE)	(ADDRESS)		·	- 高温 2 -	The state of the s
				- 2	
Enter new mailing address, if applicable:				E	
(Mailing address MAY BE A POST OFFICE)	BOX)				
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on our	records, enter	the name of the	<u>new</u>
Name of New Registered Agent:	Howar	d yago	da		
New Registered Office Address:	1035	S Federa	Hwy Florida street ad	Apt 203	
	Delray	Bch	- Fiorida street ad , Florida	_33483	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	egistered 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Marilyn F Hatire Howard Yagoda	1035 S Federal Huy #203 Delray Boh FL 33483	Add Remove
MGRN	Howard Yagoda	1035 S Rederal Hwy #203 Delray Beh FL 32483	Add Remove
			Add Remove
<u>_</u>			Add Remove
			A Repueve
			22 Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary).	
			
			
Dated	May Make Signature of a member	er or authorized representative of a member	
	. MARILYN MATINE	HOWAED YASODE	7

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Filing Fee: \$25.00