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M. THOMAS

SEP - 8 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: Bititi Re	ealty Services, LLC		.
		ited Liability Company)	
	Amendment and fee(s) are sub ondence concerning this matter	•	
	Karin B. Silverthorn		
		(Name of Person)	
	Bititi Realty Services, LL	c	世紀 55
	1065 Landings Loop		08 SEP -5 IM ID: 51. SECRETARISSEE FLORID
		(Address)	FLOST ST. ST.
	Tallahassee, FL 32311		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Karin B. Silverthorn		at (850) 508-3372	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	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

Bititi Realty Services, LLC				
(Name of the Limite	d Liability Con A Florida Limite	ipany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L05000064157</u>				and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited l	iability company he	<u>ге</u> :	8
Bititi Companies, L.M.				ES SA
The new name must be distinguishable and end w "L.L.C."	ith the words "L	imited Liability Comp	any," the designation "L	7.77
Enter new principal offices address, if appli	icable:	N/A		M D: 5 I
(Principal office address MUST BE A STRE	ET ADDRESS	2	· · · · · · · · · · · · · · · · · · ·	92 V
				<u>S</u> m
Enter new mailing address, if applicable:		N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	_	here:		
		(E	nter Florida street add	tress)
	N/A		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A			Add Remove
N/A			Add Remove
N/A			Add Remove
N/A			Add &
N/A			FILE STATE
N/A	ading any other information, enter of	hange(s) here: (Attach additional sheets, if necessary	Add Remove
	ompany name change only.	nange(s) nere: (Anach adamonat sheets, ij necessar)	
Dated Sept	Lau Sil		
	Karin B. Silverthom T	, MGRM yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00