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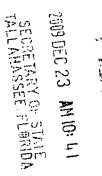
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T. CLINE

DEC 24 2009

EXAMILER

COVER LETTER

TO:

'Registration Section

Division of	Corporations	•		
CUDIECT.	Peter Tomasello M	lanagement Company, LLC		
SUBJECT:		nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
		Joseph A. Porrello		
		Name of Person		
		oseph A. Porrello, P.A.		
	 	Firm/Company		
		P.O. Box 450249	~·	
		Address	7009 DEC 23 TALLAHAS	
		Miami, Florida 33245	THE COMMENT	
		City/State and Zip Code	MAC ST	
	E-mail address:	(to be used for future annual report notification	om) French Andrew	
For further information	on concerning this matter, please	call:	AA L	
	oseph A. Porrello	at (4-0092	
Nai	me of Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a check f	or the 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)	
Re _l Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		
	lahassee, FL 32314	2661 Executive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peter Toma	sello Management Compa	iny, LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L		otember 23, 200	5 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		and the second
		<u> </u>	A CONTRACTOR
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		10 pr
B. If amending the registered agent and/ registered agent and/or the new registered of	~	r records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	Peter A. Tomasello	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
New Registered Office Address:	3412 Heather Terrace		
	Ente	r Florida street add	ress
	Ft. Lauderdale	, Florida	33319
	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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ollie Tomasello	3412 Heather Terrace Ft. Lauderdale, FL 33319	Add Remove
<u>MGRM</u>	Peter A. Tomasello	3412 Heather Terrace Ft. Lauderdale, FL 33319	Add Remove
			Add Remove
			Add Remove
		ALLAH	Add G Remove
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necessary:	
			
Dated <u>C</u>	tober 20, s	luly a Imus ello	
	Signature of a m	ember or authorized representative of a member Peter A. Tomasello	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00