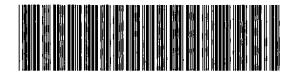
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(Re	equestor's Name)			
(Address)				
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(Cit	ry/State/Zip/Phone	; #)		
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AT ALASSEE FLARIDA

EXAMINER EXAMINER AUG 16 2012

COVER LETTER

TO:	Registration Sec Division of Corp				
01 / P 1 F	. COD	Lä	& A, LLC		
SUBJE	CCT:		ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Lian Sacaquini		
			Name of Person		
			Firm/Company		-
2703 Philips Hwy					
			Address		
		Ja	City/State and Zip Code	7	-
			mahfuz@comcast.net		
For fur	ther information co	E-mail address: (t ncerning this matter, please c	to be used for future annual rep	ort notification)	
1 01 141				3060036	
	Name of	n Sacaquini Person	at (at (Daytime Telephone Numb	er
Enclos	ed is a check for the	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	iling Fee, ate of Status & ed Copy onal copy is enclosed)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMTICEES OF C	MUMINIZATION	\mathcal{L}^{*} .
O	F 12	FILED. AUG 15 PM 1:29
		AUG 15 $_{PM}$,
L&A,	LLC State	(1.1.2g
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	MASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	09/40/0040	and assigned
Florida document numberL0600008518		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2703 Philips Hwy	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32207	
Enter new mailing address, if applicable:	2703 Philips Hwy	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32207	
B. If amending the registered agent and/or registered of		r the name of the nev
registered agent and/or the new registered office address her	:	

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	SACAQUINI, AGNE	S 1820 CHRISTOPHER POINT JACKSONVILLE FL 32217	ROAD Add Remove
MGRM	E2M PROPERTIES	LLC 801 BRICKELL AVE - 9th FLO MIAMI FL 33131	OR Add Remove
			AddRemove
			Add Remove
			Add Remove
			AddRemove
D. Ifamend	ing any other information,	enter change(s) here: (Attach additional sheets, if ne	cessary.)
 Dated	August, 13		
		of a member or authorized representative of a member	
	LIAN SACAC	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00