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SECRETARY OF STATE

T. HAMPTON

OCT 1 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo	rations		•
SUBJECT:	Flori La In (Name of Limit	n vestment Proper ted Liability Company)	H Renovations
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	James,	Pennak	
		(Name of Person)	
		(Firm/Company)	1 1210
	13506 Su	nmerport Vila Pla	[w/ #318
	,	(Address)	- /
	Winder	Mover part Vila Pla (Address) Were FL 3478. (City/State and Zip Code)	6
		(City/State and Zip Code)	
For further information con	cerning this matter, please ca	all:	
	Person)	at (407) 538-1/10 (Area Code & Daytime T	elephone Number)
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C 11		
Enclosed is a check for the	_	December 1	5 0.00 00 00 00
\$25.00 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)

MAILING ADDRESS: 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

Florida Investment	- Property Ren	ovations	5	
(Name of the Limited Liability Co (A Florida Limi				
The Articles of Organization for this Limited Liability Com	pany were filed on	5/2006	and assigned	
Florida document number <u>L060005/859</u> .		•		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," t	the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>	TALL SEC	<u>ي</u>	
		****	Completely 1	
		JETA HAS	") " ¥ -1 earmo	
Enter new mailing address, if applicable:		SET C	Manufacture 1	
(Mailing address MAY BE A POST OFFICE BOX)		rio:	> 11	
		87 E	=	
		401 31 57	<u>.</u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter th	e name of the nev	
Name of New Registered Agent:				
New Registered Office Address:			··	
	(Enter Florida street address)			
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address** <u>Title</u> <u>Name</u> **Type of Action** HELIZE VIVIER Remove ☐ Add Remove ₫ Add Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00