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Florida Department of State

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J nuary 24, 2008

FLORIDA DEPARTMENT OF STATE

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- received your electronically transmitted document. However, the d cument has not been filed. Please make the following corrections and r fax the complete document, including the electronic filing cover sheet.
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	SECP ISIO
(Name of the Limited Lin	bility Company as it now appears on or	ar records.) Day 19, 2006 and assigned.
The Articles of Organization for this Limited Liabi	lity Company were filed on Septem	
Florida document number <u>LO60009190</u>		25
This amendment is submitted to amend the followi		
A. If amending name, enter the new name of th	limited liability company here:	
Malah	Development, LLC	
The new name must be distinguishable and end with the LLL.C."	e words "Limited Liability Company," the	e designation "LLC" or the abbreviation
3. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
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 filled to merely reflect a change in the registered affice 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)

Page 1 of 2

MGR = Manager

H-08 0 0 0 0 1 5 3 8 2

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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:

MGRM = Managing Member				
Tine	<u>Name</u>	Address	Type of Action	
·			Add	
			Add Romove	
	The state of the s		Add Remove	
			- Remove Z	
West-Ward State of St			Add Remove	
-			Add Remove	
**************************************			Add	
D. Kamen	iding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)		
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· —				
	T	7		
Dated	JANUARY 18.	1 line Ill mb		
	Signature of a r	member or authorized representative of a member		
	·	Amin - Tive Akipa.	,	
		LVBSG OF BRUITSG BRMS AT SIRBSS		

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