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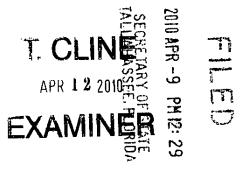
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2010

BEANIE EXPOSITO 2819 SW 34TH TER CAPE CORAL, FL 33914

SUBJECT: EXPO PLAZA DEVELOPMENT, LLC

Ref. Number: L06000101634

We have received your document for EXPO PLAZA DEVELOPMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report/uniform business report or reinstatement must be filed and the appropriate fee submitted before your document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 810A000035

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COVER LETTER

Division of Corporations	
SUBJECT: Expo Plaza DEVELOPMENT LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
BEINIE Exposito Name of Person Expo AND ASSOCIATES LLC Firm/Company	
2819 SW 34TH TERN. Address	
Oppe Connl FL 33914 City/State and Zip Code	
City/State and Zip Code Expo pwo pssoc (ATE) Deput HUNL, NET E-mail address: (to be used for future annual report notification) ESE	•
For further information concerning this matter, please call:	اريا <u></u>
BEANIE Exposite at 239 647-1819 SST 19	
Enclosed is a check for the following amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	3.¢ luw

MAILING ADDRESS:

TO:

Registration Section

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

EXPO PLAZA D	Evelopment -	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	-
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number <u>LO600010163</u> 4		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u> EXPORED	ity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2819 SW 39	tter.
(Principal office address MUST BE A STREET ADDRESS)	Copp Cour	3391Y
Enter new mailing address, if applicable:		70 7A
(Mailing address MAY BE A POST OFFICE BOX)	Some.	LECONE III
B. If amending the registered agent and/or registered offi	ice address on our records, ente	SSR 19
registered agent and/or the new registered office address here		F STA
Name of New Registered Agent:	me Exposito	11F 29
New Registered Office Address:	14/9 Sev 34 +	el .
Oppo	Counc , Florida	-22-1/
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Code

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 = Manager

MGRM = Managing Member **Type of Action Title** Name Some . As hetere . ☐ Add Remove Remove ☐ Add ☐ Remove ∏ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member T ped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00