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J. SAULSBERRY EXAMINER

OCT 7 2010

COVER LETTER

	gistration Serision of Co						
SUBJECT:		KAMELIAS R	EAL ESTATE, L.L.	3 .	_		
		Name of Lim	ited Liability Company				
-		Amendment and fee(s) are su	_				
•		JO	SE C. MARRERO, ES	Q			
			Name of Person				
		LAW OFF	FICES OF JOSE C MAI	RRERO			
			Firm/Company		E SE	2011	
1200 BRI		CKELL AVENUE SUITE NO. 505			2010 OCT -6		
Address			SSE SSE	9-	-		
			MIAMI, FL 33131		E PS	AM II: 35	T
City/State and Zip Code			STATE LORID	=			
		j	ose@marrerolaw.com			သဌ	
		E-mail address:	(to be used for future annual report	rt notification)	_		
For further is	nformation (concerning this matter, please	call:				
	JOSE	C. MARRERO	at (305)	470-2030		_	
	Name	of Person	Area Code & I	Daytime Telephone Num	ber		
		the following amount:					
▼ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certif (closed) Certif	Filing Fee ficate of Sta fied Copy cional copy	atus &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations ding tive Center Circle	:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	LIAS REAL	ESTATE, L.L.C. ny as it now appears or Liability Company)). 1 our records.)			
The Articles of Organization for this Limited L. Florida document number	iability Company		12/28/2006	and assigned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,"	' the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		1200 BRICKELL AVENUE SUITE NO. 505				
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 3313	1 🖺	<u>20 0</u>		
Enter new mailing address, if applicable:		1 · · · · · · · · · · · · · · · · · · ·	AIASSE	0CT-6		
(Mailing address MAY BE A POST OFFICE	· · · · · · · · · · · · · · · · · · ·	FEOR				
B. If amending the registered agent and/or the new registered of			records, enter t			
Name of New Registered Agent:				<u>.</u> .		
New Registered Office Address:	1200 BRIC	KELL AVENUE SU	ITE NO. 505			
		Enter I	lorida street ada	ress		
			, Florida	33131		
		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. Thereby 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
1/2	<u> </u>		Damova
	.		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Remove
D. If amen	ding any other informa	ation, enter change(s) here: (Attach additional sheets, if n	2010 OCT -6 AM II: 35 SECTETARY DE STATE ALLIAHASSEE, FLORION
	Sig	gnature of a member or authorized representative of a member JOSE C. MARRERO	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00