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SECRETARY OF STATE*
DIVISION OF CORPORATIONS

10 JUL 27 PM I: LA

T. HAMPTON
JUL 2 8 2010
EXAMINER

COVER LETTER

TO: Registration So Division of Con			
CUDIECT	DILLON PROPE	RTY MANAGEMEN	TIIC
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
		AVINASH RAMOTAR	
		Name of Person	·· · ·
	DILLON PI	ROPERTY MANAGEM	ENT LLC
		Firm/Company	
	98	42 SURREY RIDGE R	D
•		Address	
	-	ORLANDO, FL 32825	
•		City/State and Zip Code	
	AVIN@D E-mail address:	ILLONPROPERTYMG (to be used for future annual repo	T.COM rt notification)
For further information of	concerning this matter, please	call:	
AVINA	ASH RAMOTAR	at (_407_)	731-3716
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	ha fallowing amount:		
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section	Registration	
P.O. B	on of Corporations ox 6327 assee, FL 32314	Division of C Clifton Build 2661 Execut	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PERTY MANAGEME			므
(Name of the Limited Liab (A Flori	ility Company as it now appea da Limited Liability Company)	ers on our records.)	ال 10	SECRE
The Articles of Organization for this Limited Liabilit	y Company were filed on	05/17/2007	and assign	neæ}∑-
Florida document numberL0700052772			7 PH	SANOS SANOS SANOS
This amendment is submitted to amend the following				RATIO
A. If amending name, enter the new name of the	limited liability company he	ere:		S
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	eany," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
•			/ 	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter t	he name of t	the new
Name of New Registered Agent:		•		
New Registered Office Address:				
	E	nter Florida street addi	ress	
		, 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 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>	Address	Type of Action
MGRM	TINAMARIE RAMOTAF	9842 SURREY RIDGE RD ORLANDO, FL 32825	✓ Add Remove
			Add Remove
			Add Remove
,			Add Remove
•			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amend	ding any other information, ento	er change(s) here: (Attach additional sheets, if necessary.	SECRE DIVISION 10 JUI
Dated	JULY 12TH Awa Cham	,	TATE Rations I: İ.
	Signature of	a member or authorized representative of a member AVINASH RAMOTAR	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00