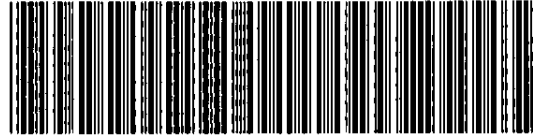


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 JUN 10 AM 4:37

T. HAMPTON

JUN 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARLE CONSTRUCTION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aare Leemet

Name of Person

ARLE CONSTRUCTION LLC

Firm/Company

4558 Middlebrook Rd. Suite B

Address

ORLANDO / FL 32811

City/State and Zip Code

Arllellc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aare Leemet

Name of Person

at (**407**)

770 - 8310

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 10 AM 11:37

ARLE CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/29/2007 and assigned
Florida document number L07000088435.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4558 Middlebrook Rd. Suite B

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32811

Enter new mailing address, if applicable:

4558 Middlebrook Rd. Suite B

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32811

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Aare Leemet

New Registered Office Address:

4558 Middlebrook Rd. Suite B

Enter Florida street address

Orlando

Florida

32811

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:

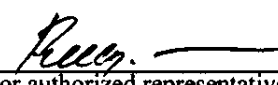
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Reel, Tatiana	4672 Middlebrook Rd. Suite E Orlando FL 32811	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Aare Leemet	4558 Middlebrook Rd. Suite B Orlando FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

11 JUN 10 AM 11:58
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Dated 06.07, 2011



 Signature of a member or authorized representative of a member
 MGRM Reel Tatiana

 Typed or printed name of signee