L07000108210

(Requestor's Name)				
(Ac	ldress)			
(Address)				
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(Cir	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY SEE FLORID

Office Use Only

COVER LETTER

Division of Cor	porations		
SUBJECT: Caruso	Way L.L.C		
SUBJECT:	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Inon A. Soott		
	Inez A. Scott	(Name of Person)	
	Caruso Way L.L.C		
		(Firm/Company)	
	14421 Lake Jessup Drive	9	
		(Address)	
	Jacksonville, FL 32258		
	.,	(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Inez A. Scott		at(904)710-5437 or(90	04) 710-4961
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for th	ne 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:

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



ARTICLES OF ORGANIZATION 08 NOV 25 AM 10: 53

SECRETARY OF STATE TALLAHASSEE FLORIDA

Caruso Way L.L.C

(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 October 24, 2	007 and assigned	
Florida document number <u>L07000108210</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
Liana Investment Management L.L.C			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	···		
(Principal office address MUST BE A STREET ADI	DRESS)		
77			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the nev	
			
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(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 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 Title Name <u>Address</u> **Type of Action** MGRM Inez A. Scott 14421 Lake Jessup Drive ____ Add Jacksonville, FL 32258 MGRM Heather M. Scott 14421 Lake Jessup Drive Jacksonville, FL 32258 ☐ Remove Add Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change business activities to " any and all lawful business" Dated November 24 Signature of a member or authorized representative of a member Inez A. Scott - MGRM

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00