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C. LEWIS AUG - 3 2012 **EXAMINER**

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT. 0	Name of Limited Liability Company
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Ltza S. Tellam Name of Person
	Name of Person
	Geranium Property Company CCC
	Firm/Company
	105 W. 29TH ST. 26A
	NEW YORK WY 1000/ City/State and Zip Code
	City/State and Zip Code
	lezatellam @ me.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Leta T.	Person at (407) 288 2414 Person Area Code & Daytime Telephone Number
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Comp. (A Florida Limited	e Capital a	12 AUG -2 PM 12: 44
(Name of the Limited Liability Compa	any as it now appears on ou	r records.) ARY OF STATE
(A Flonda Limited	Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	www. were filed on 11/5	2007 and assigned
Florida document number 4766 /11856	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
Geranium Property L	Company were filed on	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	105 W. 29	TH ST 26A
(Principal office address MUST BE A STREET ADDRESS)	NEW YORK	MY 10001
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ords, enter the name of the new
	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
	· · · · · · · · · · · · · · · · · · ·	_, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Ac
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Filing Fee: \$25.00