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(Re	equestor's Name)	
(Ad	dress)	
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OCT - 7 2008

EXAMINER



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SECRETARY OF STATE OF STATE

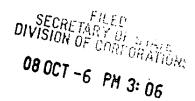
COVER LETTER

	Registration Section Division of Corporations
SUBJEC	CT: CIRE MANAGEMENT LL C (Name of Limited Liability Company)
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	MARC TRACY (Name of Person)
	(Name of Person)
	CIRE MANAGEMENT LLC (Firm/Company)
	300 South Avstracian Are #711 (Address)
	WEST PAM BEACH FL 73401 (City/State and Zip Code)
	(City/State and Zip Code)
For furth	er information concerning this matter, please call:
1	MARC TRACY at (561) 386 7195 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	l is a check for the following amount:
\$25.0	O Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) 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



(Name of the Limited Liability Compan (A Florida Limited Limit	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $3/7/08$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2401 BEACH CT
(Principal office address MUST BE A STREET ADDRESS)	SINGER ISLAND FL 33404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 South Austrauan Ave #711 Weit FARM BEACH FL 3340)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Action
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Page 2 of 2

Filing Fee: \$25.00