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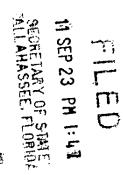
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J. BRYAN

SEP 2 6 2011

EXAMINER

TRANSMITTAL LETTER

BEST QUICK TAX RETURNS, INC 320 S. BUMBY AVE. SUITE 10 ORLANDO,FL 32803

I am enclosing a check of \$ 25 dollars, please send me a stamped copy of the articles.

Thank you

H SEP 23 PH 1: 47
SECRETARY OF STATE

COVER LETTER

	ration Section n of Corporations		
SUBJECT:		IVISION APARTME	NTS, LIC
The enclosed Ar	rticles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all	correspondence concerning this matter	r to the following:	
	DANIEL	O. ALONSO, Name of Person	
		Firm/Company	**************************************
	17145 N. 1	BAY ROAD APT 4511 Address	
	SUNNY 15LE	City/State and Zip Code	EP 23 PM I
	PEDRA A E-mail address: (to be used for future annual report notification)	SEE. FLORE
For further infor	rmation concerning this matter, please	call:	
DANIE	Name of Person	at (305) 331 - 425 Area Code & Daytime Telephor	ne Number
Enclosed is a ch	eck for the following amount:		
\$25.00 Filin	g Fee \$\bigsim\\$30.00 Filing Fee & Certificate of Status	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 ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUBDIVISION APARTMENTS, I The Articles of Organization for this Limited Liability Company were filed on 04 103 108 Florida document number <u>L02000339</u>13. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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			
MGR	DANIEL O. ALONSO	17/45N. BAY ROAD. APT 45/11 SUNNY ISLES BEACH, FL 33/60.	Add Remove 			
M <u>6Rm</u>	VANESA B. SUHR.	17145N.BAYROAD APT 4511 SUNNY IBLES BEACH, FL 33160	Add Remove			
P	DANIEL ALONSO	17145 N. BAY ROAD APTASIN SUNNY ISLES BEAUL, FL 33166.	Add Remove			
			Add Remove			
A.J.A.			Add Remove			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
	MGR - DANIEL O. F	16NSO-50%	疆"			
	MGRM-VANESA B. S	SUHR - 50%.	FILEU SEP 23 PM 1:43 FOREIGNEE FIGURE			
_						
			_			
Dated	September 16th 20		·			
	Signature of a member or authorized representative of a member					
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00