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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

G. MCLEOD

MAR 26 2010

EXAMINER



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03/25/10--01013--006 **25.00

10 MAR 25 PH 12: 40

DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Volini Real Estate Gnu? / (C) 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:
Christina Myers Volini Name of Person
Volini Real Estate GNU) Firm/Company
2902 W San Miguel St.
Tanya State and Zin Code
Tanya FL 33629 City/State and Zip Code Fine IVING Tampa @ Live, Com E-mail address: (to)be used for future annual report notification)
For further information concerning this matter, please call:
Christina Myers Volini at (83) 956 - 4663 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(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

OIVIS 10 M	ECAL TAR	Med Calloni
	P 25 P/	12:40

Valia Paal T	deta Con	S 110	PM 2: 40	
Name of the Limited Liability	Company as it now appear	s on our records.)	``40	
(<u>Name of the Limited Liability</u> (A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability C	Company were filed on	30/08	and assigned	
Florida document number <u>LO8000433</u>	<u>0</u> 7			
This amendment is submitted to amend the following:	ited liability commony boun			
A. If amending name, enter the new name of the lim		<u>e</u> : 1		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
	· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Eni	ter Florida street addre	SS	
	Althor 1 for the diff of the diff			
	City	, Florida	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>	Address	Type of Action	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_	
_			_	
<u> </u>	22 22		_ _	
Dated / \	WCh 22, 20	of authorized representative of a member		
	_ Christina Mu	1615 Volini or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00