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FILED 2009 MAY 13 PM 2: 13 SECRETARY OF STATE

C. LEWIS

MAY 1 4 2009

EXAMINER

COVER LETTER

.

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Danny Trutmann Name of Person
	Firm/Company
	201 Alhambra Circle
	Corel Cables FL 3313A City/State and Zip Code Lity Language by developers - Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Andrew Goldberg at (305) 441-7117 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
X \$25	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 MAY 13 PM 2: 13

BIT Real	1+4, LLC	SECRETARY OF STATE Tallahassee, Florida
(Name of the Limited I (A l	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number		and assigned
This amendment is submitted to amend the follow	wing:	\$
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on ou	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	r Florida street address
	20	, Florida
	City	, Florida Zin 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 Address Type of Action <u>Title</u> <u>Name</u> Remove ☐ Add Remove Remove Add 🔲 Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

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