L08000066141

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

D. BRUCE

AUG 18 2008

EXAMINER

COVER LETTER

| Division of Cor | porations | | | | |
|----------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|-----------|--|
| SUBJECT: Mattia & | & Associates Real E | state, P.L. | | ю | |
| John Lot. | | ted Liability Company) | | _ | |
| | Amendment and fee(s) are submondence concerning this matter | - | | | |
| | Michael Mattia and Edua | rdo Falla | | | |
| | | (Name of Person) | | | |
| | Mattia & Associates Real | Estate, P.L. | | | |
| | | (Firm/Company) | | | |
| | 10743 Narcoossee Road | , Suite A8-127 | | | |
| | | (Address) | | | |
| | Orlando, FL 32832 | | | | |
| | | (City/State and Zip Code) | | | |
| For further information of | concerning this matter, please ca | all: | TALLAHASS | 08 AUG 15 | |
| Eduardo Falla | | at (321) 226-3829 | | ំ ភា | |
| (Nате | of Person) | (Area Code & Daytime T | elephone Number) | | |
| Enclosed is a check for t | he following amount: | | ADA ADA | i N | |
| \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status Certified Copy | & | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | , Flo | orida (Zip Code) |
|------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|
| | (Enter Florida : | street address) |
| New Registered Office Address: | | |
| Name of New Registered Agent: | | |
| registered agent and/or the new registered office address l | here: | |
| B. If amending the registered agent and/or registered | office address on our records, | , enter the name of the new |
| · | | DA 72 |
| Mailing address MAY BE A POST OFFICE BOX) | | 2: n |
| Enter new mailing address, if applicable: | | |
| | | SS 5 |
| Principal office address MUST BE A STREET ADDRESS | | B ALG 15 |
| Enter new principal offices address, if applicable: | | 11-12 SEC. 12 |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Company," the desig | gnation "LLC" or the abbreviation |
| | | |
| A. If amending name, <u>enter the new name of the limited l</u> | iability company here: | |
| This amendment is submitted to amend the following: | | |
| Florida document number L08000066141 | | |
| e Articles of Organization for this Limited Liability Company were filed on July 8, 2008 | | and assigned |
| | | |
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our reco | ords.) |

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> | Name | Address | Type of Action |
|--------------|-------------------------------|----------------------------------------------------------------------------|-------------------|
| MGR | Michael Mattia | | Add Remove |
| MGR | Eduardo Falla | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| | _ , | enter change(s) here: (Attach additional sheets, if necessary.) | |
| | GR L.H. Marks, Jr needs to be | LAHNSSEE, FL | |
| Dated Augu | Michael D | duando Palle | 25 |
| | _ | of a member or authorized representative of a member tia and Eduardo Falla | |
| | michael Mati | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00