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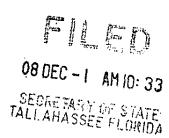
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COVER LETTER

TO:

TO:	Registration of	on Section f Corporations	
SUBJE	_{CT:} Fran	ngipani Development LLC (Name of Limited Liability Company)	•
The end	closed Article	les of Amendment and fee(s) are submitted for filing.	
Please 1	eturn all cor	rrespondence concerning this matter to the following:	
		Leonid Belfor (Name of Person)	
		(Name of reson)	
		(Firm/Company)	
		16047 Collins Avenue, #2104 (Address)	
	<u>.</u> -	Sunny Isles, FL 33160 (City/State and Zip Code)	
For fur	ther informa	ation concerning this matter, please call:	
Leonic	Belfor	at (786) 317-3408	
	(8)	Name of Person) (Area Code & Daytime Telephone Number	ŀ
Enclos	ed is a check	s for the following amount:	
Ø \$25	i.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &
	R D P	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



Frangipani Development LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Principul Office address MOST BE A STREET ADI		
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>	
(Principal office address MUST BE A STREET ADI	DRESS)	
•		
Enter new principal offices address, if applicable:		
Enter new principal offices address if applicables		
"L.L.C."		
"L.L.C."		
	voids Emilied Emonity Company,	ine assignation DDC of the assistration
The new name must be distinguishable and end with the w	voras "Limited Liability Company,"	the designation "LLC" or the abbreviation
	vorus Limited Liability Company,"	the designation LLC of the appreviation
	,	
"L.L.C."		
Enter new principal offices address if applicable		
Enter new principal offices address, if applicable:		
•		
(Principal office address MUST RE A STREET ADI	DRESS)	
(Principal office address MUST BE A STREET ADI	DRESS)	
(Principal office address MUST BE A STREET ADI	UKESS)	
Timesput office dudicio medit DEM DIRECT ADI		
<u> </u>		
Enter new mailing address, if applicable:		
Enter new maning address, it applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Munning numers MAT BEAT OST OFFICE BOAT		
B. If amending the registered agent and/or reg	vistered office address on our 1	records, enter the name of the nev
	•	ecords, enter the name or the nev
registered agent and/or the new registered office ac	ddress here:	
registered agent and/or the new registered ornee at	daress nere.	
Name of New Registered Agent:		
		······································
New Registered Office Address:		
New Negistered Office Address.		
	(Enter 1	Florida street address)
	(Ditter)	
		. Florida
	(2)	
	(City)	(Zip Code)
	(Ciiv)	(Zip Coac)

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

<u>Title</u>	<u>Name</u>	Address	Type of A	<u>ction</u>
MGRM	Serghei Luchian	18900 N. Bav Rd., Sunny Isles, FL 33160	■ Add Remove	ŀ
			Add Remove	
			Add Remove	l.
			Add Remove	
			_□ Add □ Remove	
			Add Remove	
D. If amend	ling any other information, enter change	<u> </u>		THE STATE OF THE S
			AM IO: 33	P. C.
Dated Noven	nber 28 , 2008		_	
	Signature of a member of	or authorized representative of a member		
	Alex Bushoy	or printed name of signee		
	i y peu o	· printed number of digitals .		

Page 2 of 2

Filing Fee: \$25.00