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EXAMINER

COVER LETTER

TQ:	Registration S Division of Co				
SUBJE	CCT:	III T	R.R., LLC		
			ted Liability Company		
		f Amendment and fee(s) are sub condence concerning this matter	<u>-</u>		
			David Murray, Esq.		
			Name of Person		
1			urray & Simmons, LLP		
Firm			Firm/Company		
1401 East Broward Blvd., Suite 200					
			Address		=
	Fort Lauderdale, Florida 33301				F I 09 DEC SECRETA
			City/State and Zip Code		DEC -8 PH 2: NETARY OF STANASSEE, FLO
		E-mail address: (to be used for future annual report notifi-	cation)	
For fur	her information	concerning this matter, please of	all:		PH 2: 45 OF STATE E. FLORID
	Dav	id Murray, Esq.	at (954)	467-2000	(원년 5 5
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	e of Status &
MAILING ADDRESS: Registration Section			STREET/COURING Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	II T R.R., LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/17/2008	and assigned
Florida document numberL08000088464	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			Pering
(Principal office address MUST BE A STREET ADI	DRESS)		<u> </u>
Enter new mailing address, if applicable:			DEC -8 PH
(Mailing address MAY BE A POST OFFICE BOX)			F STATE ORIDA
B. If amending the registered agent and/or reg		our records, enter	-
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street add	lress
		, Florida	
	City	, 11011011	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 **Address** Type of Action Tit<u>le</u> <u>Name</u> **MGRM** III T , LTD. □Add c/o DBR & Associations, LLC ∇ Remove 1 Financial Plaza, Suite 2001 Fort Lauderdale, Florida 33394 Tara Turchin Latona MGRM ✓ Add c/o DBR & Associations, LLC Remove 1 Financial Plaza, Suite 2001 Fort Lauderdale, Florida 33394 \square Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The sole and Managing Member shall be Tara Turchin Latona. December 1 2009 Dated_ Signature of a member or authorized representative of a member Tara Turchin Latona Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00