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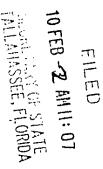
(Requestor's Name)	_
(Address)	_
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(Business Entity Name)	
(Document Number)	—
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S. HAWKES
FEB 3 - 2010
EXAMINER

COVER LETTER

ection porations						
SUBJECT: PIQUET REALTY, LLC						
						
Amendment and fee(s) are sub	bmitted for filing.					
endence concerning this matter	r to the following:					
		,				
	Name of Person					
P						
	Firm/Company					
80-	1 Brickell Ave Suite 950					
	Address					
	Miami, FL 33131					
City/State and Zip Code						
mi	ami@piquetrealty.com	<u> ·</u>				
E-mail address: (to be used for future annual report no	tification)				
oncerning this matter, please of	cali:					
TIANO PIQUET	at (_786_)	302-2525				
f Person	Area Code & Dayt	ime Telephone Number				
ne following amount:						
\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	PIQUET Name of Lim Amendment and fee(s) are suited and and and and rest in the suited and and and and and and and and and an	PIQUET REALTY, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: CRISTIANO PIQUET Name of Person PIQUET REALTY, LLC Firm/Company 801 Brickell Ave Suite 950 Address Miami, FL 33131 City/State and Zip Code miami@piquetrealty.com E-mail address: (to be used for future annual report no oncerning this matter, please call: FIANO PIQUET at (786) Area Code & Dayt the following amount: \$55.00 Filling Fee &				

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

PIQUET REALTY, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
of Organization for this Limited Liability Company were filed onO	ctober 8, 2008	_ and a	

The Articles of Organization for this Limited L	iability Company	were filed on	October 6, 2006	and assigned	
Florida document number L08000095	<u>5198</u> .			至 6	
This amendment is submitted to amend the following	•			FILE FEB -2.	
A. If amending name, enter the new name o	f the limited liabi	lity company he	ere:	A PLOS	
The new name must be distinguishable and end win "L.L.C."	th the words "Limit	ed Liability Com	pany," the designation '	LLC or the abbreviation	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	TADDRESS)	<u></u>			
Enter new mailing address, if applicable:		801 Brickell	Ave Suite 950		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 3	3131		
B. If amending the registered agent and/registered agent and/or the new registered of			our records, enter	the name of the new	
Name of New Registered Agent:	CRISTIANO PIQUET				
New Registered Office Address:	801 Brickell	Ave Suite 950)		
	Enter Florida street address				
		Miami	, Florida	33131	
		City		Zip Code	
New Registered Agent's Signature, if changing l	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
		•	Remove		
			Agd Remove		
			FIL.		
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D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessor	ary.)		
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_			·		
Dated	~~	<u> </u>			
	Signature of a member	ber or authorized representative of a member			
	Melissa Dunn Typ	ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00