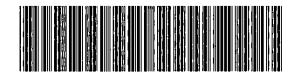
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D. BRUCE

JUL 10 2009

EXAMINER

COVER LETTER

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Co	rporations			
SUBJECT:	REAL ESTATE BA	AIL OUT PROGRAM LLO		
50 5 0 5 010		Name of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
•	3			
Name of Person				
	REAL EST	ATE BAIL OUT PROGRAM L	ıc	
Firm/Company				
		CAO TINIA I NI		
612 TINA LN Address				
			Za s	2
WINTER SPRINGS, FL. 32708				_ = '71
	1400	City/State and Zip Code	TAS	
	E-mail address: (NZINNO@YAHOO.COM to be used for future annual report notifica	tion/	
For further information	concerning this matter, please of	eall:	* (
	, , , , , , , , , , , , , , , , , , ,		STATE CORIDA 67-5631	∾
	SON ZINNO			-
Name of Person		Area Code & Daytime 7	'elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &	e.
	Confidence of Status	(additional copy is enclosed)	Certified Copy	
•			(additional copy is en	iclosed)
MAILING ADDRESS:		STREET/COURIE	R ADDRESS:	
Registration Section Division of Corporations		Registration Section	one	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE BAIL OUT PROGRAM LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	nany were filed on _	JANUARY 1, 2009 and assigned	
Florida document number L0800011365			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
The new name must be distinguishable and end with the words "I" "L.L.C."	Limited Liability Cor	mpany," the designation "LLC" or the abbreviat	io:
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	TALL	
•			
		ASS.	
Enter new mailing address, if applicable:		SHA P IT	_
(Mailing address MAY BE A POST OFFICE BOX)			_
		왕절 0	
		DA DA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, enter the name of the n	ev
sometime of the new registered white address	<u></u>		
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Pertistand Agent's Signature if changing Peristand Ag	on to		

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> <u>Name</u> Address Type of Action MGRM JILL DEHOOP 300 AVILA CT ✓ Add WINTER SPRINGS FL 32708 Remove MGRM JENNIFER ZINNO **612 TINA LN** ₹ Add WINTER SPRINGS, FL. 32708 Remove ☐ Add Remove ∏Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated 7-6-09 Signature of a member or authorized representative of a member **BRENT DEHOOP** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00