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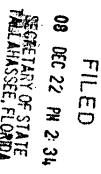
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D. BRUCE

DEC 23 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SID PROPERTY SOLUTIONS LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherry J Deno (Name of Person)
(Firm/Company)
Melbourne, F/ 2940
(City/State and Zip Code)
For further information concerning this matter, please call:
Manue of Person) at (32), 242-4520 97 20
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability (A Florida)	PT / Company as it no Limited Liability C	OLUTIONS ow appears on our records ompany)	LLC
The Articles of Organization for this Limited Liability C	Company were file <u>L</u> .4 380	d on 12 - 15 - 0	8 and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability com	pany here:	
STD PROPER The new name must be distinguishable and end with the wor "L.L.C."		OLUTIONS ity Company," the designati	
Enter new principal offices address, if applicable:			2 2
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED EC 22 PH 2: 3 TARY OF STATE HASSEE, FLORID
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		(Enter Florida stre	et address)
		. Florid	18
	(City)		(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
			
			Add
			Remove
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			Add
			Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ary.)
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			To BE D
Dated	December 18, 20	008	Z: 34
	Shaw 9	Qene)	
	$\bigcirc I'$	r or authorized representative of a member	
	Jherry Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00