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SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUN 12 2012

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	GIULIA RE	EAL ESTATE LLC			
		Name of Lim	ited Liability Company		~	
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			•
Please	return all corresp	ondence concerning this matter	r to the following:			
			•			
			BRIAN DEL FIERRO		_	
		•	Name of Person			
		ВА	LWANT CHEEMA CPA	A .		
			Firm/Company		_	
			8301 NW 197TH ST			
			Address			
			MIAMI FL 33015			
			City/State and Zip Code	·	S AT	
		F. mail address:	RIAN@BALCPA.COM to be used for future annual report	t notification)	17 JI	
For fur	her information	concerning this matter, please of	•	i notification)	SECRETAR TALLAHASS	***************************************
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		N DEL FIERRO	at (305)	764-1073	AH 8: 42 OF STATE E. FLORIDA	
	Name	of Person	Area Code & D	aytime Telephone Numb	er Rich	
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 enc	Certific closed) Certific	Filing Fee, cate of Status & ed Copy onal copy is encl	losed)
			•			

MAILING ADDRESS:

TO:

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

G	ULIA REAL	ESTATE, LLC			
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited I	Liability Company	y were filed on	03/11/2009	and assi	gned
Florida document number L0900002	24278				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited lial	oility company her	<u>e</u> :		
	N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation	"LIC" or the at	obreviation
Enter new principal offices address, if appli	N/A			7	
(Principal office address MUST BE A STRE	ET ADDRESS)	1444	****	AS A	(min. 18 m.)
				SEC -	
				F ST	
Enter new mailing address, if applicable:	N/A		1 8 12 STATE LORID		
(Mailing address MAY BE A POST OFFICE BOX)				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>.</u>
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Ente	er Florida street aa	ldress	
		, Florida			
		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 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>:

ć

MGR = Manager **MGRM** = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action MGRM CASTELLANETA, SAVERIC 8301 NW 197TH ST MIAMI EL 33015 ☐ Add Remove ☐ Add Remove Add ☐ Remove Remove □ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) N/A MAY 15 2012

Typed or printed name of signee

Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00