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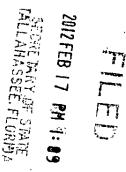
EXAMINER

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02/20/12--01012--017 **60.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Classic Property Managementand Maintenance, L.L.C. 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:
Carol Ann Cusimano Name of Person
Classic Property Management and Maintenance
1449 Pauger Street
New Orleans, La 70116 P. T. City/State and Zip Code
Carol8823 @ Clahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Carol Ann Cusimano at (5/6) 840 - 7884 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ (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

French Quarter 7	Financial.	LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 20900030.8	y were filed on $\frac{3}{3}$	0/2009 ar	nd assigned
Florida document number <u>L 09 () 00 0 3 0</u> . 8	64		
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited lin	bility company here:	-	
Classic Property Manage	ement and N	laintenanc	e.L.L.C
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," th	ne designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:			H TI
(Principal office address MUST BE A STREET ADDRESS)		- お裏	
		in ≤	
		77	
Enter new mailing address, if applicable:		芝	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	·	Magnet () }	J
	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of	ffice address on our re	rands enter the nor	we of the new
registered agent and/or the new registered office address her	<u>e:</u>		no of the non-
	**	•	
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	·		
	Enter Flor	rida street address	
		_, 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 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:

<u>itle</u>	Name .	Address	Type of Action
			Add Remove
			Kemove
			Add Remove
			Add Remove
	•	· · · · · · · · · · · · · · · · · · ·	72
			ZAdd
•			58 5
			Remove
			3
	***************************************	· · · · · · · · · · · · · · · · · · ·	Add
If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	isary.)
			•
			,, , , , , , , , , , , , , , , , , , ,
			
			•
	Carol	Ann Cusiman	- -

Page 2 of 2

Filing Fee: \$25.00