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SECRETARY OF STATE

T. CLINE

JUL - 7 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CCT: Cemini Properties - One, LLC Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Patricia Bradford Name of Person		
	Firm/Company	2009. SEC TALL	
	221 Kiver Drive	AHA:	CONTRACTOR OF THE PARTY OF THE
	City/State and Zip Code Qenning Cottoo @ acl com E-mail address: (to be used for future annual report notification)	2009 JUL -6 PM 12: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
For fur	ther information concerning this matter, please call:		
	Pat Bradford at (561) 747-8850 Name of Person Area Code & Daytime Telephone Number	, <u></u>	
	and is a check for the following amount: 00 Filing Fee \$\bigs_{\text{S55.00}}\$\$55.00 Filing Fee \$\bigs_{\text{Certificate of Status}}\$\$\$55.00 Filing Fee \$\bigs_{\text{Certified Copy}}\$\$\$\$Certificate of Status \$\$\$\$\$\$\$\$\$(additional copy is enclosed)\$	of Status &	
	MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Co	ties - One LLC mpany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L 0900039644</u> .	pany were filed on April 23, 200 and assigned			
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 "L.L.C."	Limited Liability Company," the designation "Lick"or the abbreviation			
Enter new principal offices address, if applicable:	HE STATE OF THE ST			
(Principal office address MUST BE A STREET ADDRESS				
	T, T , 1999.			
Enter new mailing address, if applicable:	7ATE ORIDA			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Age	City Zip Code			
INCA ACCISTOLO WACHT 2 STABBARTO, H CHRISTIAN KONSTOLO VO	COL:			

If Changing Registered Agent, Signature of New 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, 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>	Name	Address	Type of Action
M <u>Mgc.</u>	River Associates	221 River Drive Tequesta FL 33469	Add
Mar	PMB Initiatives, LLC	POBOX 4505 Teguesta, FL 33469	Add ',Remove
			Add Remove
)	Zelos
			6 PP M
		J:-	Add
D. Ifan	rending any other information, enter changed	(s) here: (Attach additional sheets, if necessary.)	_
	\cap	ve managing membe	
		POLICE CONTROL OF THE PROPERTY	_
Dated	Signature of a member of	r authorized representative of a member	
	Yatricia M Typed or	printed name of signee	

Page 2 of 2

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