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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072

Phone : (954)389-0729

Fax Number : (954)337-8346

Enter the email address for this filing. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LIPONA INVESTMENTS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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T. CLINE

OCT 13 2010

EXAMINER

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Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIPONA INVESTMENTS 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 Company were filed on 6-21-10 and assigned
Florida document number L09000047058

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2010 OCT 12 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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:

MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|--------------|------------------------------|--|
| MGRM | SOFIA NAPOLI | 967 MARINA DRIVE, WESTON, FL | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | MARIA SAJON | 967 MARINA DRIVE, WESTON, FL | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Signature of a member or authorized representative of a member

TARRO NAPOLI

Typed or printed name of signer