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| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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2812 NOV - 9 PN 12: 56
SECRETARY OF STATE

T. CLINE
NOV 1 3 2012
EXAMINER

## **COVER LETTER**

| TO:                                    | Registration S<br>Division of Co |  | ·   |                        |  |                                     |
|--|----------------------------------|--|---|------------------------|--|-------------------------------------|
| SUBJECT: D'vine                        |                                  |  | Real Estate LLC   |                        |  |                                     |
|  |                                  | Name of Limited Liability Company          |   |                        |  |                                     |
| The end                                | closed Articles of               | f Amendment and fee(s) are sul             | bmitted for filing.   |                        |  |                                     |
| Please 1                               | eturn all corresp                | ondence concerning this matter             | r to the following:   |                        |  |                                     |
|  |                                  | Peter Achirem                              |   |                        | _  |                                     |
|  |                                  |  | Name of Person  |                        |  |                                     |
| D'vine Real Estate LLC                 |                                  |  |   |                        |  |                                     |
| Firm/Company                           |                                  |  | <u>.</u>  |                        |  |                                     |
|  | 7248 Bridgeview Dr               |  |   |                        |  |                                     |
| Address  Wesley Chapel FI, 33545       |                                  |  | _   |                        |  |                                     |
|  |                                  |  | 7812 NOV  |                        |  |                                     |
| City/State and Zip Code                |                                  |  |   |                        | وَ الْمُ   |                                     |
|  |                                  | pet  | er.achirem@gmail.com  | 1                      | · 50<br>· 50<br>· 50<br>· 50<br>· 50<br>· 50<br>· 50<br>· 50 | 6-2-1-[1 <sub>14</sub><br>[- 15-24] |
| <b>.</b>                               | 1                                |  | to be used for future annual repor                          | t notification)        | PH 12:<br>OP STA   | 7***                                |
| For furt                               | ner information (                | concerning this matter, please of          | call:   |                        | 2: 56<br>07ALE<br>0RID                                       | 3. Ce.                              |
|  |                                  | eter Achirem                               | at ( 813 )  | 642-4811               | · •  |                                     |
|  | Name o                           | of Person                                  | Area Code & D   | aytime Telephone Numbe | er   |                                     |
| Enclose                                | ed is a check for t              | the following amount:                      |   |                        |  |                                     |
| \$25.                                  | 00 Filing Fee                    | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | closed) Certifie       | ate of Status &  |                                     |
|  | Regist                           | LING ADDRESS:                              | Registration S  |                        |  |                                     |
| Division of Corporations P.O. Box 6327 |                                  | Division of C<br>Clifton Build             |   |                        |  |                                     |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D'vine Real Es   |  |             |
|--|--|-------------|
| (Name of the Limited Liability Company of (A Florida Limited Liab  | as it now appears on our records.) bility Company)   |             |
| The Articles of Organization for this Limited Liability Company we   | vere filed on June 10, 2009 and assigned   | [           |
| Florida document numberL0900055400   |  |             |
| . This amendment is submitted to amend the following:  |  | ,           |
| A. If amending name, enter the new name of the limited liabilit  | ty company here:   |             |
|  |  | <del></del> |
| The new name must be distinguishable and end with the words "Limited "L.L.C."  | d Liability Company," the designation "LLC" or the abbrev  | riation     |
| Enter new principal offices address, if applicable:  | The state of the s |             |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 7 1         |
|  |  | Charleson   |
|  |  | 71          |
| Enter new mailing address, if applicable:  | 10 M 12 15 15 15 15 15 15 15 15 15 15 15 15 15   | <u></u>     |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u> </u>   |             |
| _  |  |             |
| D 16   |  |             |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, enter the name of the  | new         |
|  |  |             |
| Name of New Registered Agent:  |  |             |
| New Registered Office Address:   |  |             |
|  | Enter Florida street address   | _ <b></b>   |
|  | , 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 Type of Action Name **Address** Title MGR Alicia King 4430 Park Blvd. N., ✓ Add Pinellas Park, FL 33781 Remove Robert Calistri MGR 7248 Bridgeview Dr ☐ Add ∇ Remove Wesley Chapel Fl. 33545 ☐ Add Remove ∂M AZÍd Remove ' ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 18 October Dated\_ Signature of a member or authorized representative of a member Hchiceni Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

My commission expires IAW Title 10

Section 1044 A