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TALLAHASSEE, FLORIDA OF STATE OF

B. KOHR

JUL 1 5 2009

EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FI 222-1173	ENUE	rmerly CCRS)	•
FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	ASHLEY S	<u>MITH</u>	1 d. M. 9
DATE:	<u>07-15-2009</u>	•	ALL SILL
REF. #:	000399.1074	<u>459</u>	S PA ED
CORP. NAME:	FESOUARE	DFORMS, L.L.C.	PILED 3: 13 FILED SEE, FLORIDA
() ARTICLES OF INC	ORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF	CANCELLATION	ı	
() OTHER:			
STATE FEES P	REPAID W	ітн снеск# <u>53099</u> 8	FOR \$ <u>25.00</u>
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	ED:
		COST LI	MIT: \$
PLEASE RETU	RN:		
() CERTIFIED COP		CERTIFICATE OF GOOD STANDING	XX) PLAIN STAMPED COPY

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 S	QUARED FO	<u> </u>	<u>. </u>	
(<u>Name of the Limited</u> (A	Liability Compar	iy as it now appea	ars on our records.	
(7)	riorida Emilica E	instity Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on	July 13, 2009	and assigned
Florida document number L09000067174				معدس درب
			Ę	ALLED 3: 12
				10 5
This amendment is submitted to amend the following	owing:			10 NO
A If amonding name onton the new name of	f tha limited liab	ility aamnany h	ara.	Che 3
A. If amending name, enter the new name o	the milited hap	ину сопрану не	<u>:1e</u> :	
	n/a			65° 0
The new name must be distinguishable and end wi	th the words "Limi	ted Liability Comp	pany," the designation "L	LC" or the abbreviation
"L.L.C."				. 7
Enter new principal offices address, if applic	ables			\
(Principal office address MUST BE A STREE	<u>(T ADDRESS)</u>	n/a		
		n/a		
Enter new mailing address, if applicable:	IIIa			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and	or registered of	ffice address on	our records, enter t	he name of the nev
registered agent and/or the new registered o				
	-1-			
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
New Registered Office Address.	<u> </u>		Enter Florida street ada	ress
		•		
	- 1/2		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GRAVITAS, L.L.C.	1990 Main Street, Suite Sarasota, FL 34236	2700
MGR	GRAVITAS LEASIN	G LLC 1990 Main Street, Suite Sarasota, FL 34236	
			
	·		Add
			Add Remove
			_ _
D. If amei –	nding any other information,	enter change(s) here: (Attach additional sh	eets, if necessary.)
4			
 Dated	July 15	, 2009	.
		Manage of Gagoria	ら、しついしょ ・ ノルノ・ノ ツ ツ ツ ツメンティー
	-	e of a member or author/zed representative of a r LEASING, L.L.C., a FL limited liability	nember /
	GRAVITAG	Typed or printed name of signee	у сопрану

Page 2 of 2

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