LACOMINION 141

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S. YOUNG



COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: FLOOD ZOME EXPERTS, LLC (FL DOC L09000079141) 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:
PATRICK HESSION Name of Person
VIENNA REACTY LLC Firm/Company
15930 MEAVOW WOOD 10R. Address
City/State and Zip Code patrick o prosumoving net E-man address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
PATRICK HESSION at (561) 307-6500 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & Certificate of Status & Certified Copy (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

FLOOD ZONE EXMERTS	
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L09 0000 79 141</u> .	npany were filed on AUG. 17, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
VIENNA REALTY LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A ⇒ □
(Principal office address MUST BE A STREET ADDRES	58)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-9 PH #: 06
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	red office address on our records, enter the name of the new as here:
	, Florida City Zip Code
No. D. L. A. J. A. and A. Changer of the control of	

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 605, 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

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an effective date is lote: If the date	inserted in this bl	st be specific and c lock does not me	annot be prior to de et the applicable	ite of filing or more th	(optional) an 90 days after filing.) Po uirements, this date wi	ursuant to 605.02 Il not be listed	:07 (3)(b) as the
e record spec The 90th day	cifles a delayed y after the rec	d effective da ord is filed.	te, but not a	n effective time,	. at 12:01 a.m. on	the earlier	of:
ated		¥ 2	<u>2017</u> . M2:				
		Signature of a me	ember or authorize	d representative of a r	nember		

Page 3 of 3

Filing Fee: \$25.00