## L09000102138

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SECRETARY OF STATE
ALLAHASSEE, FI ORDA

S. HAWKES

NOV - 9 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corpor			
SURII	FCT: R.R.	O-ESTATES/	'.CC	
COLO		<u> 10 - ESTATES (</u> Name of Limi	ted Liability Company	
The en	closed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
	-	Jumara	Williams Name of Person	
			Firm/Company	-
	-	373 Su	Daniet woods Address	
	- _	Port St.	Lucie FL 349. City/State and Zip Code  Tes 6) yahoo con o be used for future annual report notificat	53
For fur	ther information conce	erning this matter, please c		uon)
_J <sub>\</sub>	Name of Per	liams	at ( <u>954)</u> 443 - 08]. Area Code & Daytime T	Lelephone Number
Enclose	ed is a check for the fo	ollowing amount:		
<b>\$25</b>	.00 Filing Fee	330.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 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

RRIO - EST (Name of the Limited Liah (A Flor	TATES L	LC as it now appears on ou	r reparts )
(A Flor	ida Limited Lia	oility Company)	75.09
The Articles of Organization for this Limited Liabili		ere filed on $10/2$	2/09 Sand as kned
Florida document number <u>L09000102</u>	2 <u>13</u> 8		SSEE BY
This amendment is submitted to amend the following	g:		TO THE
A. If amending name, enter the new name of the	limited liabili	ty company here:	A STATE
RIO-ESTATES LLC			,
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable	;	373 SW C	riet woods
(Principal office address MUST BE A STREET AL	DDRESS)	Port St. de	icie, FL 34953
Enter new mailing address, if applicable:		373 SW G	wiet woods
(Mailing address MAY BE A POST OFFICE BOX	2 .	Port St. L	ucie, FL 34953
B. If amending the registered agent and/or registered agent and/or the new registered office a		e address on our rec	ords, enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Flor	ida street address
<u></u>			_, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

GR = Ma GRM = N	Managing Member		
<u>tle</u>	<u>Name</u>	Address	Type of Act
<u></u>			Add Remove
			Add
			Kelilove
			Rentage
			— ORET
			Remove
			Add Remove
lf amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
			<del></del>
_			
ed	*November OH, ZC	<u>09</u> .	
	Signature of a member	er or authorized representative of a member	
	Jur Type	mara Williams d or printed name of signee	· · · ·

Page 2 of 2

Filing Fee: \$25.00