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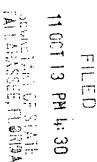
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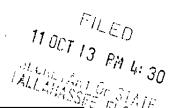
EXAMINER
OCT 14 2011

COVER LETTER

TO:	` Registration Sect Division of Corpo			a			
SHRJI	, Г С Т•	Tess	soro, L.L.C.				
Name of Limited Liability Company							
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	lence concerning this matter	to the following:				
			Filomena Tobias Name of Person				
			c/o Tessoro, L.L.C.	····			
			88 Bears Club Drive				
			Jupiter, FL 33477 City/State and Zip Code		·		
		E-mail address: (ilomena8@mac.com to be used for future annual rep	ort notification)			
For fur	ther information con	cerning this matter, please c	all:				
	Filom Name of P	ena Tobias erson	at (561) Area Code &	662-411 Daytime Telephone			
Enclos	ed is a check for the	following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) C	0.00 Filing Fee, ertificate of Status & fertified Copy additional copy is enclosed)		
	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registratio Division of Clifton Bui	Corporations	ESS:		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited I	Tessoro, L.L.C. iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	- MASSES, FLORIDA
The Articles of Organization for this Limited Lia Florida document number L090001043	· · · · · ·	10/29/2009	and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.		<u>re</u> :	•
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applical		any," the designation "L	LC" or the abbreviation
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on o	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addi	ress
	City	, Florida	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
MGRM	Victoria Racanati	480 Hibiscus Street, Apt. 802 West Palm Beach, FL 33401	Add Remove
			Add Remove
 .	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	y.)
_			
Dated	October 11	nen John	
	Signature of a n	nember or authorized representative of a member Filomena Tobias	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00