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SECRETARY OF STATE
FALLAHASSEE FLANIE

## **COVER LETTER**

Division of Co	rporations						
SUBJECT:	GEROVA REAL ESTATE GROUP LLC						
	Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
Name of Person							
	Hodgson Russ LLP						
	Firm/Company						
	!	540 Broadway, 24th Floor					
	Address						
New York New York 10026							
	New York, New York, 10036  City/State and Zip Code						
	B-mail address: (to be used for future annual report notification)						
	E-mail address: (t	to be used for future annual report notific	ation)				
For further information of	concerning this matter, please c	all:					
5	Stephen Weiss	at ( 212 )	751-4300				
Name of Person Area Code & Daytime Teleph			Telephone Number				
		-					
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

TO:

Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	EROVA REAL ES L'Inbility Compa	ny as it now appe	ars on our records.)		
(	A Florida Limited	Liability Company)	1		
The Articles of Organization for this Limited I	iability Company	were filed on	MARCH 25, 2010	and assigned	
Florida document number L1000003:	2660				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company h	e <u>re</u> :		
	Net Five Hold	lings, LLC		1	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	pany," the designation "L	LC" or the abbrev	lation
L.L.C.		90001			
Enter new principal offices address, if appli	cable:	900-Regency Square Boulevard Suite 200			
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32211			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		900 Regency Square Boulevard, Suite 200  Jacksonville, FL 32211			
Name of New Repistered Akent.	9000 5			<u> </u>	
New Registered Office Address:	900 Regency S	quare Boulevard, S			₩ 
		E	Inter Florida street add	ress &	i in
		Jacksonville	, Florida	32211	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	i		: 36	<b>Sea</b>
I hereby accept the appointment as register	ed agent and ag	ree to act in this	capacity. I further agi	ree to comply w	ith

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	Name	Address	Type of Action
MGRM	Planet Five at GEROVA LLC	9000 900 Regency Square Boulevard, Suite 200	_K Add
		Jacksonville, FL 32211	Remove
MGRM	GEROVA Financial Group LLC	Cumberland House, 5th floor	_X Add
		1 Victoria Street Hamilton, HM 11 Rermuda	— Keniove
MORM	Robert V. Willison	6025 Sandy Springs Circle Atlanta, GA 30328	⊠ Add Remove
		Aliania, IJA.30328	Reniove
<del>,</del> - <u></u> -			Add
			Remove
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D. If amend	ilng any other information, enter char	age(s) here: (Attach additional sheets, if necessary.)	
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Dated	June 3	2010 .	_
	( Sinkle )	2	
	~ ( )	er or authorized representative of a member	,
	Type	ed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00