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| (Requ | estor's Name) | | | |
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| (Addre | ess) | | | |
| | | | | |
| (City/S | State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies | Certificates of Status | | | |

Special Instructions to Filing Officer:

L. SELLERS

MAY - 5 2010

EXAMINER

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SECRETARY OF STATE A

COVER LETTER

| ŢO: | Registration S Division of Co | | ** | • | | | |
|--------------|-------------------------------------|---|---|--|--|--|--|
| SUBJ | SUBJECT: Looking Glass Realty, LLC | | | | | | |
| | Name of Limited Liability Company | | | | | | |
| The e | nclosed Articles o | f Amendment and fee(s) are sul | bmitted for filing. | | | | |
| Please | e return all corresp | ondence concerning this matter | r to the following: | | | | |
| | | Brandy Davison | | | | | |
| | Name of Person | | | | | | |
| | Looking Glass Realty, LLC | | | | | | |
| | Firm/Company | | | | | | |
| | 15323 Palomapark Lane | | | | | | |
| | | | Address | The state of the s | | | |
| | | | Lithia/FL 33547 | | | | |
| | | | City/State and Zip Code | | | | |
| | | brandy | .davison.realty@gmail.com to be used for future annual report notifi | | | | |
| For fu | rther information | concerning this matter, please of | | cation) | | | |
| | Br | andy Davison | at (813) | 315-9601 | | | |
| | | of Person | Area Code & Daytime | | | | |
| Enclos | sed is a check for | the following amount: | | | | | |
| □\$ 2 | 5.00 Filing Fee | \$30.00 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) | | | |
| | R e gist Divisi P.O. E | ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323 | tions ter Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Looking Glass Rea | alty, LLC |
|--|---|
| (Name of the Limited Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) |
| The Articles of Organization for this Limited Liability Company were for Florida document numberL10000035463 | filed on 01 April 2010 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability co | ompany here: |
| Brandy M Davison, | |
| The new name must be distinguishable and end with the words "Limited Lial "L.L.C." | bility Company," the designation "LLC" or the abbreviatio |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| - | |
| B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here: | dress on our records, enter the name of the nev |
| | |
| Name of New Registered Agent: | 75 C |
| New Registered Office Address: | re a |
| | Enter Florida street address |
| | , Florida |
| City New Registered Agent's Signature, if changing Registered Agent; | Tap Cage T |
| New According Agent's Signature, if thingsing Accistered Agent, | TAT S |
| I hereby accept the appointment as registered agent and agree to at the provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change. | rformance of my duties, and I am familiar with and ed for in Chapter 608, F.S. Or, if this document is |

'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 = Ma MGRM = N | nager Janaging Member | | |
|---|-----------------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| , , , , , , , , , , , , , , , , , , , | | | Add Remove |
| | | | Add Remove |
| | | | Add |
| D. If amen | ding any other information, enter | change(s) here: (Attach additional sheets, if necessary. | <i>)</i> |
| | | | |
| | | | |
| Dated | 28 April Branch Signature of a h | 2010 . MD cwisom nember or authorized representative of a member | |
| | | Brandy M Davison Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00