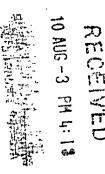
## L1000049634

•	(Requestor's Name)
<u>.</u>	
	(Address)
	(Address)
· ·	(City/State/Zip/Phone #)
PICK-U	P
· · · · · · · · · · · · · · · · · · ·	
	(Business Entity Name)
	(Document Number)
<b>,</b> ,	•
Certified Copies	Certificates of Status
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Special Instruction	s to Filing Officer:

Office Use Only



900183743729



B. KOHR
AUG-4 2010
EXAMINER

OIVISION OF CORPORATIONS

10 AUG -3 AH 9.06



ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 3, 2010

ORDER TIME : 2:30 PM

ORDER NO. : 467434-005

CUSTOMER NO: 7775142

## DOMESTIC AMENDMENT FILING

NAME: NAI REAL ESTATE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NAI REAL ESTATE, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co  Florida document number  L1000049634	ompany were filed on 05/07/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	SSS)
•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office ac	adress nere:
Name of New Registered Agent:  New Registered Office Address.	
	. (Enter Florida street address)
(City) New Registered Agent's Signature, if changing Registered A	, Florida(Zip Code)

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

Title	Name	Address	Type of Action
mgrm	HONG THI NGUYEN	3587 CLEAR CREEK DR TALLAHASSEE FL. 32301	[7] Add Remove
· <del>· · · ·</del>	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			<del>-</del>
Dated		·•	_
•	DUY V. NGUYEN Typed	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00