L10000054365

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

THAMPTON

OCT - 4 2011

EXAMINER

COVER LETTER

TO:

TO: Registration S Division of Co					
SUBJECT:	LLRE H	OLDINGS LLC			
		ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Michael Dunn			
•		Name of Person .			
	<u></u>	Firm/Company	<u> </u>		
	970				
		Address Orlando, FL 32801			
		City/State and Zip Code			
	E-mail address: (ndunn@fbcmtg.com to be used for future annual repo	rt notification)		
For further information	concerning this matter, please of	eall:			
	Michael Dunn of Person	at (_407)	872-3383 Daytime Telephone Number		
Enclosed is a check for	the following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS:		OURIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 OCT -3 PM 2: 14

L	LRE Holdings, LLC	SECRETAT TALLAHAS	RY OF STATE SEE. FLORIDA
(Name of the Limited Lia (A Flo	bility Company as it now appear orida Limited Liability Company)	rs on our records.)	<u></u>
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of Line 1000005436		05/20/2009	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	-		_
			·
B. If amending the registered agent and/or in registered agent and/or the new registered office		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
_	City	, Florida	Zip Code
	~,		r

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
MGR_	NUNZIATA, ROBERT	189 S. Orange Ave. Suite 970 Orlando, FL 32801	Add Remove
<u>MGR</u>	Nunziata Holdings LLC	189 S. Orange Ave. Suite 970 Orlando, FL 32801	✓ Add ☐ Remove
MGR	NUNZIATA, SAL A	189 S. Orange Ave. Suite 970 Orlando. FL 32801	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, ente	r change(s) here: (Attach additional sheets, if necessa	
- - -			FILED 2011 OCT -3 PH 2: SECHETARY OF STA
Dated	September 29	2011 .	ATE RIDA
	Signature of a	member or authorized representative of a member	
		Robert G. Nunziata Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00