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T. CLINE

FEB 1 1 2011

EXAMINER

SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co		
SUВЛ	, E CT:	441 Ri	VO, LLC
0020		Name of Lim	ited Liability Company
			,
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.
Please	return all correspo	ondence concerning this matter	r to the following:
		RÉAL E	Y LAX Name of Person STATE CAPITAL PARTINERS, INC, Firm/Company
		1505	HEST 23rd Street Address
For fur	ther information c	Email address: (concerning this matter, please of	City/State and Zip Code GXC DELLSO Uth. NET to be used for future annual report notification) call:
	Je Frey Nagre o	Lax of Person	at (505) 903 · 3999 Area Code & Daytime Telephone Number
Enclose	ed is a check for t	he following amount:	
∑ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	441	RIVO.	110	, 		
(Name of the Limited I	iability Company as	1 - 1	our records.)	<u> </u>		
(A)	Florida Limited Liabil	ity Company)	1	1		
The Articles of Organization for this Limited Lia	bility Company wer 7かく1 7	e filed onO	7/62	$\frac{10}{10}$ an	d assigned	Į
Florida document number			•			
This amendment is submitted to amend the follow	ving:			,		
A. If amending name, enter the new name of t	the limited liability	company here:				
						
The new name must be distinguishable and end with	the words "Limited L	iability Company,"	he designation	n "LLC" or	the abbrev	iation
"L.L.C."						
Enter new principal offices address, if applical	ble:					
(Principal office address MUST BE A STREET	ADDRESS)			3	<u>~</u>	
					್ಣ್ ೪	
Enter new mailing address, if applicable:				SSE XXX	<u> </u>	41**
(Mailing address MAY BE A POST OFFICE BOX)				T.6	Desir Ent	,
			·	95	₹	
			,		<u>ග</u>	
B. If amending the registered agent and/or	registered office	address on our r	ecords, <u>ente</u>	r the nar	ne of the	new
registered agent and/or the new registered offi	ce address here:					
	DENNET	T KEITH	CPA			
Name of New Registered Agent:	Priving	T, KEITH				
New Registered Office Address:	8181 KE	ST BROWN	HRD P	DLVD	4sE	255
		Enter Fi	orida street d	address		
	PLANTA	HION O	, Florida	333	324	
	Ci	ty		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

Title Name **Address Type of Action** 1505 WEST 23rd St LAX, JEFFREY M MGRM Remove ☐ Add Remove 1505 WEST 2319 St PARTNERS, INC MGRM Remove ∏Add Remove ∏Add □Rēmove---Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February Signature of a member or authorized representative of a member JEFFRELY MILHAEL LAX Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00