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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	7545 E TRE	ASURE #5E, LLC	
SUBJECT.	· •	ted Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jo	seph B. Ryan III, Esq.	
		Name of Person	
JOSEPH B. RYAN III, P.A.			
Firm/Company			
2701 S. BAYSHORE DR., SUITE 402			2
Address			
		MIAMI, FL 33133	
City/State and Zip Code			
	JBRY E-mail address: (to	'ANLAW@GMAIL.COM o be used for future annual report notific	eation)
For further information c	oncerning this matter, please ca	•	
	B. Ryan III, Esq.	at (305) 4	144-4949 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)

MAILING ADDRESS:

 \mathcal{V}_{\P}

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 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 = N	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
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	ling any other information, enter chang OUDA ZINI shall be added as a 50	ge(s) here: (Attach additional sheets, if necessary.) O% Member			
	Contombor 4				
Dated	Luxal	or authorized representative of a member			
	Josep	ph B. Ryan III, Esq.			

Page 2 of 2

Filing Fee: \$25.00