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## **COVER LETTER**

TO: Registration Section Division of Corporati	ions
SUBJECT:	B4 San Remo LLC  Name of Limited Liability Company
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.
Please return all correspondence	ee concerning this matter to the following:
_	DAVID A- FREEDMAN Name of Person
_	Firm/Company
—	356 CRYSTAL VIEW COURT
_	MIAMINEC 33133  City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information concern	ning this matter, please call:
DAVID A Name of Perso	FRECHMAD at 305 5 28-3325  Area Code & Daytime Telephone Number
Enclosed is a check for the following	owing amount:
\$25.00 Filing Fee \$\text{\$\til\et{\eta}}}}}}} \end{times}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

(Name of the Limited Liab) (A Florid	San K Ility Company da Limited Liab	as it now appear oility Company)	C on our recor	<u>'ds,</u> )	
The Articles of Organization for this Limited Liability Florida document number <u>L 100000891</u>	ny Company we 54.	ere filed on	ligust	24,20	assigned assigned
This amendment is submitted to amend the following	<b>;</b> :				
A. If amending name, enter the new name of the i	limited liabilit	y company her	<u>·e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Compa	any," the design	lation "LLO	C" or the abbreviation
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET AD	DDRESS)	. <u>.</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2 _				
B. If amending the registered agent and/or registered agent and/or the new registered office a		e address on (	our records,	enter the	name of the new
Name of New Registered Agent:  New Registered Office Address:	<u>DAUI</u> 3561 C	DA. FR	CELDY View ner Florida str	Coverees addre	ss 33(33 Zip Code
	MLAN	n (	, Flo	rida	33(33 Zip Code
New Registered Agent's Signature, if changing Regist			•		,
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	r and completed agent as pro dered office ac	e performance ovided for in C	of my duties, hapter 608, F y confirm tha	and Lan S.S. Or, if	n familiar with and this document is

Page 1 of 2

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> Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	ADRIENNE K. HOMA	PINECICEST, FC 331570	Add Remove
MGR MBR	DAUID 14. FREEDMAN	DAVID A FICEEDMAN  3561 Crystal Vias Ct.  MIONI EL 32133	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<del></del>
			<u> </u>
_			
Dated	August 31, 20	10.	
	X Street was to want to	or authorized representative of a member	····
		<u> </u>	
	Typed	7. TEELDWAD or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00