L10000095629

| (Requestor's Name) |
|---|
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ALLAHASSEE, FIRE

EXAMINER

A. LUNT

SEP 28 2010

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COVER LETTER

| | Registration Section Division of Corporation | | | | |
|-----------|--|---|---|----------------------|---|
| SUBJEC | T: | R & S PROPERT | Y ENTERPRISES, L | LC | |
| SCHOOL | | | | | |
| | | | | | |
| The encl | osed Articles of An | nendment and fee(s) are sub | omitted for filing. | | |
| Please re | turn all corresponde | ence concerning this matter | to the following: | | |
| | | JOE | A. CATARINEAU, ESQ. | | |
| | | | Name of Person | | |
| | | JOE | E A. CATARINEAU, PA | | 201 TA'S |
| | | | Firm/Company | | USE BORN |
| | | 91750 | O OVERSEAS HIGHWAY | Y | P 2: |
| | | | Address | | 2010 SEP 27 PM SECRETARY OF TALLAHASSEE.F |
| | | T/ | AVERNIER, FL 33070 | | 4.2:21 F.STAT |
| | | | City/State and Zip Code | | PAIR 2 |
| | - | E-mail address: (1 | E@TAXCATCPA.COM to be used for future annual report n | otification) | |
| For furth | er information cond | cerning this matter, please c | all: | | |
| | JOE CA | TARINEAU | at (305) | 852-4833 | |
| | Name of Pe | erson | | time Telephone Numbe | г |
| Enclosed | is a check for the f | ollowing amount: | | | |
| \$25.0 | 00 Filing Fee [| \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | sed) Certified | ate of Status & |
| | Registration of P.O. Box | of Corporations | STREET/COL Registration Ser Division of Cor Clifton Building 2661 Executive | porations g | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Lightlifty Compo | NIERPRISES, L | LC | | |
|--|------------------------------|---------------------|----------------|-------------|
| (Name of the Limited Liability Compa (A Florida Limited L | iability Company) | ui iecoius. | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL10000095629 | were filed on09 | 9/13/2010 | _ and assigned | l |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | ALL | 2010 S | · Programme |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ted Liability Company," th | ne designation "LbC | | _ |
| Enter new principal offices address, if applicable: | 7455 WEST FLAC | SLER STREE | <u> </u> | Li |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 33144 | - C | S 226 | |
| Enter new mailing address, if applicable: | 7455 WEST FLAG | LER STREET | | |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI, FL 33144 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ecords, enter the | name of the | new |
| Name of New Registered Agent: | | .= | | — |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | | , Florida | | |
| • | City | | 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------------|--|----------------|
| | | | Add Remove |
| | | | Remove |
| | | | |
| | | | SEP 2 |
| | | | Reggove N |
| | | | |
| D. Ifamen | ding any other information, ent | er change(s) here: (Attach additional she | Remove |
| _ | | | ······ |
| | | | |
| — Dated | SEPTEMBER 23 | . 2010 | |
| | | 1/10 | |
| | Signature of Is | a member of authorized representative of | ember |

Page 2 of 2

Filing Fee: \$25.00