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COVER LETTER

TO:

TO:	Registration Section Division of Corporation				
SUBJE	CCT:	DUNN RENTA	L PROPERTIES,	LLC	
0000	.0.,		ited Liability Company	•	
			÷.	•	
The end	closed Articles of Arr	nendment and fee(s) are su	bmitted for filing.		
Please 1	return all corresponde	ence concerning this matte	r to the following:	•	
			•		
			Jane Bradley		
			. Name of Person		
		Bai	rnes and Company L	I C	
			Firm/Company		
			310 Fifth Avenue		
	•		` Address ·		
		1	ndialantic, FL 32903	` }	
	-		City/State and Zip Code		
	-	jane F-mail address: (@barnesandcocpa.c	com	_
For furt	her information conc	erning this matter, please of	-	·	
	•	Bradley	at (<u>321</u>)	723-0700	
	Name of Pe	rson	Area Code &	& Daytime Telephone Nu	mber
Enclose	ed is a check for the f	ollowing amount:		,	
√]\$25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certi enclosed) Certi	Filing Fee, ficate of Status & fied Copy fitional copy is enclosed)
,	Registration Division of P.O. Box 6	f Corporations `	Registration Division o Clifton Bu	f Corporations	S:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUNN RENTAL PROPERTIES, LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appe Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Compare Florida document numberL10000106370	ny were filed on	October 12, 201	10 and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ibility company h	ere:		
NORWAY PROPERTY PRO	OPERTIES, LL			
The new name must be distinguishable and end with the words "Lir "L.L.C."			"LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on ere:	our records, enter	the name	of the new
Name of New Registered Agent:			10 0 m	er nice works
New Registered Office Address:			72	Cherchiste Catherine C. T
	E	Inter Florida street a	ddress	m
	City	, Florida _	High Cod	e
New Registered Agent's Signature, if changing Registered Agen	•			-

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, <u>enter the title, name, and address of each Manager or Managing-Member being added or removed from our records</u>:

$MGR = M_3$ $MGRM = 1$	anager, Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
<u>_</u>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_		PLEASE SIGN PLEASE SIGN	
Dated		·	
	Norghowh	Adunn, Managing wend	ev.
	Signature of a member	r or authorized representative of a member	
		ngnooch R. Dunn I or printed name of signee	<u> </u>
	Typed	tor princed haine of Signee	

Page 2 of 2

Filing Fee: \$25.00