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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
A. LUIVI				
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EXAMINER				
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10/28/10--01014--002 **25.00

COVER LETTER

TO:

Registration Section

Divisi	ion of Corporations		
SUBJECT:	CRICALI	PROPERTIES LLC	
Sobster	Name of L	imited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are	submitted for filing.	
Please return a	Il correspondence concerning this ma	atter to the following:	
		JOSE R MONTEIRO	
		Name of Person	型 S 20
	C	CRICALI PROPERTIES LLC	
		Firm/Company	ASS
	2	2351 W PRESERVE WAY	
		Address	2010 OCT 28 PM 1: 38 SECRETARY OF STATE TALLLAHASSEE, FLORID
		MIRAMAR FL 33025	
		City/State and Zip Code	<u> </u>
	TAXCO E-mail addres	ONTROLLER@HOTMAIL.COM ss: (to be used for future annual report notification)	
For further info	ormation concerning this matter, plea	se call:	
	JOSE R MONTEIRO	at (954) 658-	
	Name of Person	Area Code & Daytime Telep	hone Number
Enclosed is a c	check for the following amount:		
\$25.00 Fili:	ng Fee \$\bigcup \\$30.00 Filing Fee & Certificate of Statu	s 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 AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

: ananasoco, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CRICALI PRO	PERTIES LLC	·	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	10/19/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	2:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Compar	ny," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if applicable:			F. 2
(Principal office address MUST BE A STREET ADDRESS)			
			}
Enter new mailing address, if applicable:			28 PM
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ur records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	n .	771	
	Ente	er Florida street add	ress
		, Florida	
	City		Zip Code
Naw Dagistarad Agent's Signature if changing Dagistared 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	JOSE R MONTEIRO	2351 W PRESERVE WAY #201 MIRAMAR, FL 33025	Add Remove
			Add Remove
			Add Remove
_ _			Add Remove
	·		2010 Remove 7
			Add Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	e
-			
 Dated	OCTOBER 25 / 2	2010	
	×	er or authorized representative of a member	
	$\mathcal{O}(1)$	OSE R MONTEIRO	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00