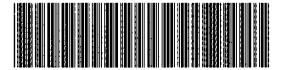
## L10000111249

(Requestor's Name)
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV \_ 2 2010

## **COVER LETTER**

TO: Registration S	Section			
Division of Co	orporations			
SUBJECT:	Aleare, LL	2		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Core	Janney Name of Person		
÷		•		
	<del></del>	Firm/Company		
	7210	3 <sup>RD</sup> Ave S	<del></del>	
	Stife	Hersburg FL 30	3707	2010 0007 29
	a galegno:	64 @ amail. Correction be used for future annual report notificat	7 / J. C.	
For further information	concerning this matter, please of	call:	28	
Allan C	paleano	at (435) 731 - 60	27 Z	
Name	of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check for t	<u>-</u> -			
\$25.00 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 enc	
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alea	m LLC			
( <u>Name of the Limited Liabil</u> (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L2000111246</u>	Company were filed on <u>\C</u>	125 2010 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<b>:</b>		
The new name must be distinguishable and end with the w. "L.L.C."	ords "Limited Liability Compa	ny," the designation "ELG" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
		770		
		<b>岩岩</b>		
Enter new mailing address, if applicable:	<del>,</del>	P		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ur records, enter the name of the new		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
<del></del>	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

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Ac	<u>tion</u>
M6RM	Corey Janney	7210, 3RD Ale S St Petersburg, FL 33707	Add _ Remove	
MGRM	Allan Caleano	7210 3RD & Ave S Stretersburg, FL 3370	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove 	
			Add Remove	
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)		
<u>O</u> _M	nange Gred H	added from MGRT	<u>ю</u> -	
		A P	2010 OC	ll
Dated	Hober 27.201	Try Heller	CI 29 AM II: 32	
_	Corpa t	r authorized representative of a member  Color of signee	—— <u> </u>	

Page 2 of 2

Filing Fee: \$25.00