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SECRETARY OF STATE
ALL ALLASSEE FLORIDA

## **COVER LETTER**

10:	Division of Corpo						
SUBJE	CT:	CUPID PF	ROPERTIES LLC				
		Name of Limi	ted Liability Company				
The end	closed Articles of An	nendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	ence concerning this matter	to the following:				
	AYSHE KADIR						
	Name of Person						
		CUI	PID PROPERTIES LLC				
Firm/Company							
		4440 PG	A BOULEVARD, SUITE 600	)			
	Address						
	PALM BEACH GARDENS, FL 33410						
	City/State and Zip Code						
	INFO@A3ENTERPRISES.COM  E-mail address: (to be used for future annual report notification)						
For furt	her information cond	cerning this matter, please c	all:				
	AYSI	IE KADIR	at (561)	27 7246			
	Name of Person Area Code & Daytime Telephone Number						
Enclose	d is a check for the f	ollowing amount:					
<b>₹</b> ]\$25.	00 Filing Fee [	\$30.00 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 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

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ARTICLES OF ORGANIZATION<sup>11</sup> OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	ID PROPERTIES LL		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on _	12/27/2010	and assigned
Florida document number L1000013123	3		
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited liability company h	er <u>e</u> :	
		<u> </u>	
The new name must be distinguishable and end with the	e words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable	·	· · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
	<del> </del>	<del> </del>	<del> </del>
B. If amending the registered agent and/or r			h
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	ne name of the nev
Name of New Registered Agent:			
Name Production of Control of Control			
New Registered Office Address:	E	Inter Florida street addi	ess
		F71 ! L -	
	City	, Florida	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 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 **Type of Action** <u>Title</u> **Name Address** MGR AYSHE KADIR 4440 PGA BOULEVARD, SUITE 600 ✓ Add PALM BEACH GARDENS Remove FL 33410 Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **5TH AUGUST** 2011 Dated\_ Signature of a member or authorized representative of a member AYSHE KADIR

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee