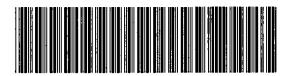
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(Address)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE

J. BRYAN

JAN 1 8 2012

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CT:	CUPID PR	OPERTIES LLC		
Name of Limited Liability Company					
The end	losed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please	eturn all correspond	ence concerning this matter	to the following:		
			Name of Person		
		CUF	PID PROPERTIES LL	С	
Firm/Company					
2 TELEVISION HOUSE, 269				FIELD END ROAD	
			Address		- 2
		RUISLIP, MIC	DDLESEX , HA4 9LS,	ENGLAND	TALLAHASSEE, FLORID
		City/State and Zip Code mp15@hotmail.co.uk E-mail address: (to be used for future annual report notification)			三二 二
	<u>-</u>				RETARY OF AMASSEE.
		,	•	rt notification)	
For furt	her information cond	erning this matter, please ca	all:		Tro.
	MILA	N PATEL	at (+44)	7958 253 901	
	Name of Po		Arca Code & 1	Daytime Telephone Number	
Enclose	d is a check for the f	following amount:			
\$25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &

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 OF

•	City		Zip Code		
_		, Florida			
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
Name of New Registered Agent:					
			<i>E</i> 2		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, <u>enter th</u>	e frame of the new		
			FLO E		
MALLING HULLESS MAT BE A POST OFFICE BU			F 1		
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE BO</i>			N I		
			T JAN ECRET		
			7 <u>8</u> 20		
(Principal office address MUST BE A STREET A	ADDRESS)				
Enter new principal offices address, if applicab	le:				
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Compan	ay," the designation "LI	.C" or the abbreviation		
A. If amending name, enter the new name of the	ne limited liability company here	:			
This amendment is submitted to amend the follow	ing:				
Florida document numberL100001312					
The Articles of Organization for this Limited Liab	ility Company were filed on	12/27/2010	and assigned		
(AFI	ability Company as it now appears orida Limited Liability Company)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Name of the Limited Li	Ability Company as it new appears	on our records.)			

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 = N	Janaging Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u></u>			Add Remove	
MGR	MILAN PATEL	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410	Add Remove	
MGR	SONIA PATEL	4440 PGA BOULEVARD, SUITE 600 PALM REACH GARDENS FL 33410	Add Remove	
MGRM	MILAN PATEL	2 TELEVISION HOUSE, 269 FIELD END ROAD, RUISLIP, MIDDLESEX, HA4 9LS, ENGLAND	Add Remove	
<u>MGRM</u>	SONIA PATEL	2 TELEVISION HOUSE 269 FIELD END RD, RUISLIP, MIDDLESEX , HA4 9LS, ENGLAND	Add Remove 	
			Add Remove	
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	2012 JAN 17 SECRETARY (1
Dated	JANUARY 11TH , 2	2012	4: 07 STATE LORIDA	
	Signature of a memb	er or authorized representative of a member		
		AYSHE KADIR		
	Tyne	ed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00