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EXAMINER

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COVER LETTER

TO: F	Registration Sect Division of Corpo	tion orations							
SUBJEC [*]	г:Vоц	ARE	PROPER	TIES LLC					
			Name of Lim	ited Liability Company					
The enclo	sed Articles of A	mendment	and fee(s) are su	bmitted for filing.					
Please retu	urn all correspond	dence conc	erning this matte	r to the following:					
			Roy B	Liggett III					
			VOLARE	PROPERTIES Firm/Company	LLC			2011 MJ	*****
		23	25 New	Found Harbon Address	<u>Dr.</u>		CAHASSEE FLOOR	₹ 7 00	
		M er		City/State and Zip Code				2011 MAY 18 PM 12: 26	Ö
			Ligget E-mail address:	to be used for future annual repo	ort notification)				
For further	information con	cerning th	is matter, please	call:	•				
Roy Ligaett Name of Person			at (321) 890 Area Code &	- 7176 Daytime Teleph	one Number				
Enclosed i	s a check for the	following	amount:						
\$25.00	Filing Fee	\$30.00 Certi	Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er		\$60.00 Filin Certificate Certified ((additiona	of Stat Copy		sed)
	MAILIN	G ADDR	FSS:	STRFFT/C	OURIER AD	DRFSS:			

MAILING 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 ARTICLES OF ORGANIZATION

VOLADE

PRODERTI

(Name of the Limited Liability Cor	npany as it now appears on o	our records.)		
The Articles of Organization for this Limited Liability Comp.	pany were filed on Dece me	per 30, 2010	_ and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and end with the words "I'L.L.C."	Limited Liability Company," tl	he designation "LL	C" or the	abbreviati
Enter new principal offices address, if applicable:			2011	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		7	BVB.
		اران و بر) ماهر و ور) از در درور	8	, 178-/Subaga
Enter new mailing address, if applicable:			PH 12:	
Mailing address MAY BE A POST OFFICE BOX)		100 mg (100 mg)	26	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the</u>	name	of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Flo	orida street addres	ss	
		, Florida		
	City	, , , , , , , , , , , , , , , , , ,	Zip Coo	le

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u> M	Anna R Jorgensen	7613 High St. LA Mess, CA 91941	Add Remove
			Add Remove
			Add Remove
			Add Remove
			∏Add ∏Remove
			Add Remove
D. If amen —	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			_
_	; []		-
Dated 4	1/27/2011	or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00