L11000005927

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T. CLINE

FEB - 4 2011

EXAMINER

COVER LETTER

	gistration Section fision of Corporations	
SUBJECT:	BCG/1001 9 ASSOCIATES LLC Name of Limited Liability Company	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Marin Baglioni Name of Person	
	Firm/Company	
	5651 Baynew DV1	
	Ft. Laudurdale, Ft 33308 FE	Mark s.co
	AMQUE ALEX ROOLION COM J-mail address: (to be used for litture annual report notification) SE & Company Comp	1
For further in	nformation concerning this matter, please call:	
_Ang	Pla (2010) at (954) 298 - 4826 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a	a check for the following amount:	
\$25.00 F	iling Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \bigcup \\$60.00 \text{ Filing Fee,}\ \text{Certificate of Status & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)}\ \end{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 OF

Raglioni & Associa (Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\\00005927</u> .	were filed on 1 1 14 201 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Baglioni & Associates Real The new name must be distinguishable and end with the words "Limital.L.C."	Hy, UC	abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2929 E. Commercial F Suite 1005 Ft Landerdall, F1 33	31vd. 308
Enter new mailing address, if applicable:	rani	
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of	The state of the s
registered agent and/or the new registered office address her		y
Name of New Registered Agent:	### (# CF	*
New Registered Office Address:	Enter Florida street address	
·	Florida	
	City Zip Code	1

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
····			Add Remove
		<u> </u>	Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
_			-3 M D 5:
. -			
Dated <u>Ja</u>	(list)		
	Angela Ca	ber or authorized representative of a member Abyo ed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00