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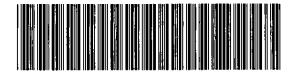
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EXAMINER



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TO NOV 28 AM II: 33

COVER LETTER

TO: Registration Division of C	Section Corporations	v				
SUBJECT:	Greg '	Valentine LLC				
		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	spondence concerning this matte	r to the following:				
		Gregory M. Valentine Name of Person				
	Greg VAla	Firm/Company				
			·			
2904 NE 3rd Avenue Address						
		Cape Coral, FL 33909 City/State and Zip Code				
	gregvale E-mail address:	ntine@thevalentinesweb. to be used for future annual report n	.COM			
For further information	n concerning this matter, please	-				
	gory M. Valentine	at (_239_)	229-9814			
Name	e of Person	Area Code & Day	time Telephone Number			
Enclosed is a check for	r the following amount:	•				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Greg Vale	entine LLC		
(Name of the)	Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.	
The Articles of Organization for this Lir	and assigned			
Florida document number L110	000101203			
This amendment is submitted to amend	the following:			
A. If amending name, enter the new r	name of the limited lia	bility company her	<u>e</u> :	
	N/	A		
The new name must be distinguishable and "L.L.C."	end with the words "Lin	nited Liability Compa	ny," the designation '	'LLC" or the abbreviatio
Enter new principal offices address, if	applicable:	N/A		
(Principal office address MUST BE A S	STREET ADDRESS)			
				<u>*</u>
Enter new mailing address, if applical	ble:	N/A		2 2
(Mailing address MAY BE A POST OF			G 70 00 11-	
		,		Ca B M
B. If amending the registered agen registered agent and/or the new regist	t and/or registered o	ffice address on o	ur records, <u>enter</u>	the name of the nev
	V. VIII V HUMI COS IIC			, **
Name of New Registered Agen				
New Registered Office Address	s: <u>2904</u>	NE 3td Ente Corul City	AUC Plorida street ad	drass
	<i>(</i>	2511	i i ioiiuu sii eei uu	770-0
	Lape	Col W	, Florida	3 390 9
		City		zip Coae

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

11 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

Title '	<u>Name</u>	Address	Type of Action
MGRM	Gregory M. Valentine	2904 NE 3rd Avenue Cape Coral, FL 33909	✓ Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add
D. If amend		change(s) here: (Attach additional sheets, if necessa	ry.)
	lovember 22	2011 .	
	Signature of a m	nember or authorized representative of a member	
		Gregory M. Valentine Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00