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(((H11000269292 3)))



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To:

Division of Corporations

Fax Number

: (B50)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LISLC AMND/RESTATE/CORRECT OR M/MG RESIGN DE MORETTI PRESERVATION PHASE ONE, LLC

Certificate of Status	0
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G. MCLEOD

NOV 15 2011

11/11/11 2:16 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOE	MORETTI PRESERV	ATION PHAS	E ONE, LLC	_ <u>:</u>
(<u>Nam</u>	of the Limited Liability Compa (A Plorida Limited I	ny as it now appear ability Company)	s on our records.)	
The Articles of Organization for	this Limited Liability Company	were filed on	11-8-2011	and assigned
Florida document number	L11000127193			
This amendment is submitted to	amend the following:			
A. If amending name, enter the	e new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguish "L.L.C."	able and cud with the words "Limi	ted Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal oMcos ad	dress, if applicable:		1180	
(Principal office address MUS)	BE A STREET ADDRESS)			<u> </u>
				<u>- 58</u> € -
Enter new mailing address, if	annifeable:			VII.
(Mailing address MAY BE A P		** / * - * - · · · · · · · · · · · · · · · ·		
•				Fs .
B. If amending the registers registered agent and/or the ner	ed agent and/or registered of w registered office address here	fice address on o	ur records, <u>enter t</u>	he name of the new
		•		
Name of New Register	ed Agent:			
New Registered Office	Address:	Fu	ter Florida street add	PACC
		Bill		, 648
		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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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If amending the Managers or Managing Members on our records, enter the fitte, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	Nrine	Address	Type of Action
MGRM	RUDG, LLC		Add _ 7 Remove
MGRM	Joe Moretti Phase ONEMANAGER, LLC	315 S BISCAYNE BLVD MIAMI, FL 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. Usme	nding any other information, cater chang	e(s) here: (Attach additional sheets, if necessary.)	- -
<u>-</u>			
	NOVEMBER 11, 20	011 .	_
Dated	. (/	Ment Malel	
	Signature of a member	BERTO MILO JR.	
	Typed	or printed name of signee Page 2 of 2	

Filling Fee: \$25.00