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J. SAULSBERRY EXAMINER SEP 30 2013

COVER LETTER

NAME OF CORPORATION: Stein Maver Family DOCUMENT NUMBER: LIDOO 129327 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Haccoon Name of Contact Person Stein Maver Convoirse H 203 Address Buy Harbor Is lands Fl. 33154 City/ State and Zip Code Srashein Maver Lancity, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Haccoon Enclosed is a check for the following amount made payable to the Florida Department of State: Stein State of Status Certificate of Status	- Division of Corporations
Please return all correspondence concerning this matter to the following: Sarah Haccoun	NAME OF CORPORATION: Steinmaver Family DOCUMENT NUMBER: L 11000 129327
Sarah Haccoon Stein Nauvet Family Firm/ Company 1141 Kane Concorse # 203 Buy Harbor Islands Fl. 33154 City/ State and Zip Code Stastein Nauvet Family. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Haccoun at 312 961-5559 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Streat Address Certificate of Status Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	The enclosed Articles of Amendment and fee are submitted for filing.
Firm/ Company 1141 Kane Concourse # 203 Address Buy Harkor Is lands Cl. 33154 City/ State and Zip Code Srasteinnaverfamily. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Surah Haccoun at 312 961-5559 Name of Contact Person at Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	Please return all correspondence concerning this matter to the following:
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Amendment Section Amendment Section 5 Division of Corporations Division of Corporations 5	Mailing Address Street Address
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P.O. Box 6327 Clifton Building	P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Florida document number _2 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 3

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:

Title Name Address Type of Action OMBR Steinmaner Realty 1141 Eune Concourse Add Suite 203 Remove Buy Harber Tslends Fl. 33157 MERM Julien Haccoun 1020s Collins Are. Add Suite 709 Remove Bul Harber Fl. 33157 MESLM Advien Haccoun 1020s Collins Are. Add Suite 709 Remove Bul Harber Fl. 33157 Add Remove Add Remove	MGR = Manag MGRM = Man	ger naging Member		
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	Signature of a member or authorize representative of a member TUILEN HICCOUN PRINCIPA
	Typed or printed hame of signee
	Page 3 of 3

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