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SECRETARY OF STATE

FEB 1 2 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

NLOVE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN SHVARTSMAN

Name of Person

Firm/Company

3745 NE 171 STREET APT 28

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN SHVARTSMAN

305 467-7046

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

INLOVE, LLC		. 73
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	1 三岛 四
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	wara filed on 01/05/2012	and assigned
1 12000002152	were med on	U- J-
Florida document number L12000002153		日報 主て
		70, 13
This amendment is submitted to amend the following:		PH 2: 53
		20 m
A. If amending name, enter the new name of the limited liab	oility company here:	
SHVARTSMAN REALTY, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3745 NE 171 STREET AF	PT 28
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI BEACH, F	L 33160
Trincipal office dualess most be A STREET ADDRESS		
	2745 NE 474 CTDEET AE	T 20
Enter new mailing address, if applicable:	3745 NE 171 STREET AP	• • • • • • • • • • • • • • • • • • • •
(Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, F	L 33160
		-
B. If amending the registered agent and/or registered of	Tice address on our records, en	ter the name of the nev
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
Name of New Registered rigent.		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street	t address
	, Florid	a
	City	Zip Code
		4

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

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		 	Remove
			Add
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			Add
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			Remove

). If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
JANUARY 31	2013 4
ated JANUART 31	<u>2010 /</u>
Signa	
	ture of a member of authorized representative of a member
	(Tandhon Shuartman
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILEU 2013 FEB 11 PH 2: 53 SECRETARY OF STATE SECRETARY OF STATE