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COVER LETTER

TO: Registration So Division of Co				
SUBJECT:	NOLG MARIC Name of Lim	E BINGHAM A	PROPERTY ((C	
			22	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	ALCH LA	
Please return all correspo	ondence concerning this matter	to the following:	HITA O	
	Michele	Rene Demi- Name of Person	SEE FLORING OF THE PH 1:01	
	KINDLE	MNRIE BIN	6HAM PAPENT CC	_
	PO E	30x 110516	2	
	NAPICS PMD E-mail address: (City/State and Zip Code ACACTO DO to be used for future annual report notifi	OS C. Conjuication)	
For further information c	concerning this matter, please ca	all:		
Mich Name o	el-P I Person	at (234) 963 Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	[4]:\$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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L/3/100/332/2</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviaten's 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 City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MR	Peter Demissy	P.O. Box 413005 PMB # 56 Naples, FL 34101	D Add
		PMB # 56	EXECUTORE 60 ONLY N
		Naples, FL 34101	Change
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		Signature	of a member or author	orized representati	ive of a member	47	

Page 3 of 3

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