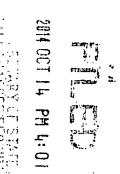
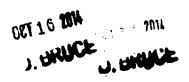


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(Address)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lilian Medeiros Intil Realty 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:
Claudio B De Medeiros Name of Person Lilian Medeiros Int'l Realty LLG Firm/Company
SIZUNW IZBIA FIVE
5120 NW 123rd Aul Address Coral Springs F1 3:3076 City/State and Zip Code Lilianma Lilianm. Lom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valdete Fontana at 954, 658 9809 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 L1300014949 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
<u>MGR</u> m	Diamante, Ahthony	5120 NW 123rd Aue	Add		
		5120 NW 123rd Ave Coral Springs, Fl 33071	Remove		
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D.	If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E.	(The effe	ive date, if other than the date of filing:
	Dated	October 10th, 2014.
		Valante forfana
		Signature of a member or authorized representative of a member Valdete Fontana Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 OCT 14 PM 4: 01