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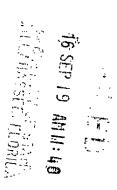
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COVER LETTER

TO: Registration Section
SUBJECT: Fio Vista 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:
Vatalia Ilina Name of Person
Lio Vista Realty, LLC Firm/Company
17301 Biscarne Blud. Unit 811
North Hiami 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:
Watalia Iliina at 305 733 - 9909 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, 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

	<u>calty</u>	, HC
(Name of the Limited Liah (A Flori	ility Company ida Limited Lia	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Florida document number	<u> 263</u>	were filed on $03/01/2010$ and assigned
· ·		
A. If amending name, enter the new name of the lin	<u>mited liabili</u>	lity company here:
NETH Progress	-FC	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "L	imited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17301 Biscavine Blud.
(Principal office address MUST BE A STREET ADD	DRESS)	UNI + 811
		North Miami Beach FL 33/60
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17301 Biscarne Blud. Unit 811 Worth Highi Beach, FL33160
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		fice address on our records, enter the name of the new:
Name of New Registered Agent:		
New Registered Office Address:	1301	Biscarne Blud, Unit 811 Enter Florida street address
<u>N</u>	orth 1	High Brach, Florida 33/ (go Zip Code

New Registered Agent's Signature, if changing Registered Agent:

0.

. 1.

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>	<u>Name</u>		Address	Type of Action	
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Filing Fee: \$25.00