

M04000003802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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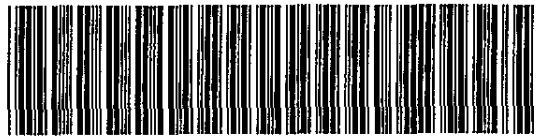
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SECURITY
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Living, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie Bishop
(Name of Person)

Florida Living, LLC
(Firm/Company)

450 N. Park Rd #606
(Address)

Hollywood FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Bishop at (954) 964 1964
(Name of Person) (Area Code & Daytime Telephone Number)

SEARCHED
SERIALIZED
INDEXED
FILED
TALLAHASSEE, FLORIDA
DEC 17 2005

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Florida Living LLC
2. Jurisdiction of its organization: Nevada
3. Date authorized to do business in Florida: 09-15-2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

Steven Hirsch
Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE
SEP 21 2004
1005 SEC-7 A 82

Florida Living, LLC
450 N. Park Road Ste 606
Ft. Lauderdale, FL 33021
Office 954-964-1964 Fax 954-337-2729
parklaneequity@aol.com

Dec. 01,2005

Amendment – Addition of Member

Andrew Paleias
450 N. Park Rd. Ste 606
Hollywood, FL 33021

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA