Rage 1 of 1

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: FRANK, WEINBERG, BLACK, P.L.

Account Number : 120040000083

: (954)474-8000

Phone Fax Number

: (954)474-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

dweiss@hawkslandingpoa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAWKS LANDING REALTY HOLDINGS, LLC

| Certificate of Status | 0 |
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C. LEWIS

MAY 1 4 2010

EXAMINER

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P.2 NO.069

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | | IHLU | • • • • | |
|--|--|---------------|----------------------|------------------------|
| HAWKS LANDING REA | | | | _ |
| (Name of the Limited Liability Comps (A Florida Limited) | iny as It now app Liability Company | ears on ou | r records,) | |
| | C 1. 1 | . | 2010 | |
| The Articles of Organization for this Limited Liability Company | were nied on _ | March | 2. 2010 | and assigned |
| Florida document number <u>L10000023439</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company. | <u>iere</u> : | | |
| HAWKS LANDING POA HOLDINGS, LI | LC . | | | |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Con | opany," the | designation "I | .LC" or the abbreviati |
| Enter new principal offices address, if applicable: | 151 N. | 106 M | Will Amad | |
| Principal office address MUST BE A STREET ADDRESS) | Sex 23 | <u>3</u> | | |
| | 7/4-5- | 7au / | _ <i>,3</i> 332 | 4 |
| Enter new mailing address, if applicable: | | | | |
| Moiling address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| | | · · · · · | | |
| If amending the registered agent and/or registered of egistered agent and/or the new registered office address her | lice address on <u>e</u> : | our rec | ords, <u>enter t</u> | he name of the ne |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| · · · · · · · · · · · · · · · · · · · | | ···· | , Florida | <u></u> |
| | City | | | Zip Code |

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

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h + A.A.

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

| | Name | <u>Address</u> | Type of Action |
|-------------|--|---|---------------------------------|
| | | | Add Remove |
| <u> </u> | - | | |
| | | | 1 ^m 1 D |
| <u>—</u> | | , | AddRemove |
| | | | Add Remove |
| | | | Add Remove |
| amend | ling any other information, enter char | nge(s) here: (Attach additional sheets, if ne | |
| | | | 2010 MAY 13 SECRETARY FALLAHASS |
| | /n/ 2 | er or authorized representative of a member | ARY OF STATE |
| | | | O= - |

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