

APR-07-2010 WED 03:16 PM TRIPP SCOTT, P.A.

AX NO. 954761847

P. 01

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

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

Email Address: CBV@TRIPPSCOTT.COM

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10 APR -7 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1162 MILITARY TRAIL, LLC

Certificate of Status	0
Certified Copy	1
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T. HAMPTON

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APR -8 2010

EXAMINER

4/7/2010

APR-07-2010 WED 03:16 PM TRIPP SCOTT, PA

FAX NO. 9547618475

P. 02

H100000788203

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1162 MILITARY TRAIL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 6, 2010 and assigned
Florida document number L10000037056

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)

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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

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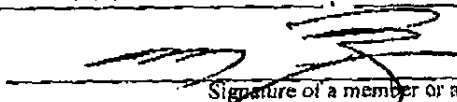
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DONALD SMITH	110 SE 6TH ST 15TH FLOOR FT LAUDERDALE FL 33301 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT ROSEN	110 SE 6TH ST 15TH FLOOR FT LAUDERDALE FL 33301 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 7 2010



Signature of a member or authorized representative of a member
MATTHEW ZIPRONY, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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