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T. HAMPTON

JUN 1 8 2010.

EXAMINER

COVER LETTER

Division of C	Corporations			
SUBJECT:	Adler Winter C	Sarden Manager, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	·	
Please return all corre	spondence concerning this matter	r to the following:		
, the same of the		· Linda K. Adler		
		Name of Person		
		c/o Adler Group, Inc.		
		Firm/Company		
	1400) NW 107th Ave 5th Floor		
	·	Address		
		Miami, Florida 33172		
		City/State and Zip Code		
	bferr	nandez@adlergroup.com to be used for future annual report no		
	E-mail address: (to be used for future annual report no	otification)	
For further informatio	n concerning this matter, please	call:		
	etty Fernandez	at (305)	392-4051	
Nan	ne of Person	Area Code & Day	time Telephone Number	
				e y page a suggest of the second of
	or the following amount:		—	_
\$25.00 Filing Fee	\$30.00 Filing Fce & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified (e of Status &

MAILING ADDRESS:

TO: Registration Section

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

Adler Wint (<u>Name of the Limited Liabi</u> (A Florid	er Garden Manager, lity Company as it now apper la Limited Liability Company)	LLC ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	April 12, 2010	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	ere:	
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability Comp	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			10 VSE
(Principal office address MUST BE A STREET AD	DRESS)		JUN 16
Enter new mailing address, if applicable:			SPOR S
(Mailing address MAY BE A POST OFFICE BOX)		!	ATTE ATTENS
B. If amending the registered agent and/or regregistered agent and/or the new registered office a Name of New Registered Agent:		our records, <u>enter th</u>	e name of the new
New Registered Office Address:	E	nter Florida street addr	ess
		. 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

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 = N	Annaging Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Adler Winter Garden, Inc	1400 NW 107th Ave 5th Floor Miami, Elorida 33172	Add Remove
MGRM	Adler Real Estate Fund, LLC	1400 NW 107th Ave 5th Floor Miami, Florida 33172	Add Remove
· .		· · · · · · · · · · · · · · · · · · ·	Add Remove
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			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	10 VIX 32 VIX
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Dated	Zhl	010	
		r-of authorized representative of a member Linda K. Adler	
. Linear Section	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00