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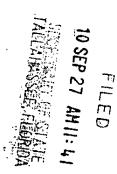
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S. HAWKES

SEP 2 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Cloisters	Ventures, LLC	
		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jo	hn T. Paxman, Esquire	
		Name of Person	
	J	ohn T. Paxman, P.A.	
		Firm/Company	
	18:	32 North Dixie Highway	
		Address	
	Lak	ke Worth, Florida 33460	
		City/State and Zip Code	
	jo E-mail address: (hn@paxmanlaw.com to be used for future annual report notifier	ution)
For further information	concerning this matter, please of	·	,
John T.	. Paxman, Esquire	at (_561_) 5	47-2424
	of Person	Area Code & Daytime	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ı	Cloisters \	/entures, LLC		
(Name of the Limited	l Liability Com	npany as it now appe	ars on our records.)	
(4	t i lorida Zillin	ou Blacking Company	,	
The Articles of Organization for this Limited L	any were filed on	August 30, 2010 and assigned		
Florida document numberL1000009	0897		August 30, 2010 and assigned	
			2 7	
This amendment is submitted to amend the following	lowing:			j
This anonament is saomitted to amend the for	iowing.		美工工	
A. If amending name, enter the new name of	of the limited I	<u>liability company h</u>	ere:	
	1	N/A		
The new name must be distinguishable and end w "L.L.C."	ith the words "L	Limited Liability Com	pany," the designation "LLC" or स्तिe abbrevi	ation
Enter new principal offices address, if appli	cable:	N/A		_
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and			our records, enter the name of the	new
registered agent and/or the new registered (office address	<u>here</u> :		
Name of New Registered Agent:	N/A	 .		_
New Registered Office Address:	N/A			
			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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Samuels	500 North Dixie Highway Lake Worth, Florida 33460	Add Remove
MGR	Peter A Wiesner	500 North Dixie Highway Lake Worth, Florida 33460	✓ Add □ Remove
<u>·</u>			Add Remove
			SE Memore
			Aard Remove
			Add Remove
D. If amendin		s) here: (Attach additional sheets, if necessary.)	-
			-
Dated	September 24 2010	0 .	_
· ·		The state of the s	
_	Joh	authorized representative of a member	
_	Typed or	printed name of signee	 _

Page 2 of 2

Filing Fee: \$25.00