

**L07000103583**Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : WILLIAM N. ASMA, P.A.  
Account Number : I20060000067  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

823 LONGFELLOW TERRACE, LLC

Certificate of Status	0
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J. BRYAN

JUN 20 2008

EXAMINER

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

823 LONGFELLOW TERRACE, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on OCTOBER 11, 2007 and assigned  
Florida document number L07000103583

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)

**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)

(City), Florida (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

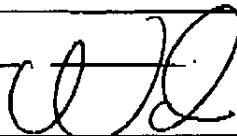
Title	Name	Address	Type of Action
MGR	WILLIAM N. ASMA	884 SOUTH DILLARD STREET. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELOY GONZALEZ	PO BOX 667 OCOFEE FLORIDA 34761	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GAYE GONZALEZ	PO BOX 667 OCOFEE FLORIDA 34761	<input checked="" type="checkbox"/> Add <input checked="" 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

6-19-2008



Signature of a member or authorized representative of a member

William N. Asma

Typed or printed name of signee

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