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D. BRUCE

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EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations				
SUBJECT:	Pine	Holdings, LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
		Debbe R. Chalifoux			
Name of Person					
	Pine Holdings, LLC				
•	Firm/Company				
	365 Taft-Vineland Rd., Suite 105			\overline{A}_{0}	
•		09 OCT 30 SECRETARY ALLAHASSEI	e Metrophy		
		Orlando, FL 32809			
		City/State and Zip Code			
	Debsker1@aol.com E-mail address: (to be used for future annual report notification)			PH 2: 38 OF STATI	
For further information	concerning this matter, please			PH 2: 39 OF STATE EE, FLORIDA	
Deb	bbe R. Chalifoux	at (407) 9	08-5732		
Name of Person		Area Code & Daytime	Telephone Number		
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)	Certified	e of Status &)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pine H	loldings, LLC			
(Name of the Limited Liability C (A Florida Lim	ompany as it now appear nited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	12/06/2000	and assigned	
Florida document numberL0000015084				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "L:L.C."	"Limited Liability Compa	ny," the designation '	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		SE SE	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			FILED OCT 30 PM 2: 39 AHASSEE FLORIDA	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street ad	dress	
	, Florida			
	City	, FIOLIUA	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, 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 **Type of Action** <u>Address</u> **MGMR** Beverly B. Madison 6545 Cay Circle ✓ Add Orlando, FL 32809 Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 1 2009 Dated _____ Signature of a member or authorized representative of a member

Page 2 of 2

Debbe R. Chalifoux
Typed or printed name of signee

Filing Fee: \$25.00