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(Re	questor's Name)	
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. (Cit	y/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
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SECRETARY OF SIAIS

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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Seaside Re	eal Properties, LLC		
		Name of Limi	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Laurie L. Berger		
			Name of Person		
		Isle	r & Associates Title, Inc		
•			Firm/Company		
			2226 Thomas Drive		
•			Address		
		Panai	ma City Beach, FL 324	08	
			City/State and Zip Code		
		E-mail address: (to be used for future annual report	notification)	
For fur	ther information	concerning this matter, please c	eall:		
···.		urie L. Berger	at (_850)	233-9613	
	Name	of Person	Area Code & Da	sytime Telephone Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified (of Status &

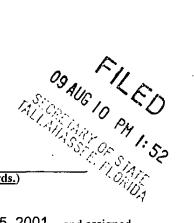
MAILING ADDRESS:

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**



SEASIDE REAL PROPERTIES, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization f	or this Limited Liability Co	ompany were filed on <u>C</u>	CTOBER 25, 2001	_ and assigned
Florida document number	L01000018596	:		
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distingui "L.L.C."	shable and end with the word	ds "Limited Liability Comp	any," the designation "LLC	or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MU.	ST BE A STREET ADDR	ESS)		
Enter new mailing address, in (Mailing address MAY BE A) B. If amending the register registered agent and/or the resister.	POST OFFICE BOX) ered agent and/or registenew registered office addr	ered office address on	our records, <u>enter the</u>	
Name of New Regist	ered Agent:		·	
New Registered Offi	ce Address:	r	, 71 1	
		E)	nter Florida street addre:	is.
	-	City	, Florida	Zip Code
New Registered Agent's Signa	ture, if changing Registered	•		Zip Code
I hereby accept the appointness the provisions of all statutes accept the obligations of my being filed to merely reflect company has been notified is	nent as registered agent a relative to the proper and position as registered ag a change in the registered	and agree to act in this of d complete performance tent as provided for in C	e of my duties, and I am Chapter 608, F.S. Or, if	familiar with and this document is

If amending	the Managers or Managing, Members g Member being added or removed from	on our records, enter the title, name, and	address of each Manage
MGR = Mai		Og AUG ,	ED
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Durden, W D JR.	183 Longleaf Drive Leesburg, GA 31763	Time of Action Add Add Remove
<u>MGRM</u>	Durden Development, L.L.	183 Longleaf Drive Leesburg, GA_31763	✓ Add ☐ Remove
			Add Remove
.			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necess	ary.)
_			
 Dated	August 5 ,20	09	
	Signature of a member	or authorized representative of a member	
		ouglas Durden, Jr. or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00