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(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
	<u>.</u>	

Special Instructions to Filing Officer:

L. SELLERS

JUN 1 0 2008

EXAMINER

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SECRETARY OF STATE

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COVER LETTER

Division of Corporations							
SUBJECT: 14378 S	Sprina Hill Drive. LL	С	-				
SUBJECT: 14378 Spring Hill Drive, LLC (Name of Limited Liability Company)							
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	Joan M. Hagar						
		(Name of Person)					
	Auro S Management, LL	С					
		(Firm/Company)					
	15215 Cortez Boulevard						
		(Address)					
	Brooksville, Florida 3461	3					
		(City/State and Zip Code)					
For further information co	oncerning this matter, please c	all:					
Joan M. Hagar		at (352) 799-0046					
(Name o	(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the	e following amount:						
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

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

FILED

2008 JUN -9 PM 4:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14378 Spring Hill Drive, LLC

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

The Articles of Organization for this Limited Liability Company	rticles of Organization for this Limited Liability Company were filed on June 21, 2002 and assigned			
Florida document number <u>I.02000015622</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviati			
Enter new principal offices address, if applicable:	15215 Cortez Boulevard			
(Principal office address MUST BE A STREET ADDRESS)	Brooksville, Florida 34613			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:	(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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Auro Management, LLC	5350 Spring Hill Drive Spring Hill, Florida 34606	Add Remove
MGR	Auro S Management, LLC	15215 Cortez Boulevard Brooksville, Florida 34613	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter char	nge(s) here: (Attach additional sheets, if necess	ary.)
Dated May 28	, 2008	uly	2008 JUN - SECRETAR ALLAHASS
_	Pariksith Singh	er or authorized representative of a member	19 PM 4 ARY OF ST. SSEE. FLO
		Page 2 of 2	D STATE LORIDA

Filing Fee: \$25.00