

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Timber Creek, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mallory Gayle Holm, Esq.
(Name of Person)

SLG Management Services, LLC
(Firm/Company)

4315 Pablo Oaks Court, Suite 1
(Address)

Jacksonville FL 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

Mallory Gayle Holm at (904) 482-1144
(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 \$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:
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

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

08 APR 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Timber Creek, 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 were filed on August 20, 2002 and assigned Florida document number L02000021444

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."

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:

SLC Management Services, LLC

New Registered Office Address:

4315 Pablo Oaks Court, Suite 1
(Enter Florida street address)

Jacksonville, Florida 32224
(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.

By: [Signature]
(If Changing Registered Agent, Signature of New Registered Agent)

John C Kunkel
Vice President

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:

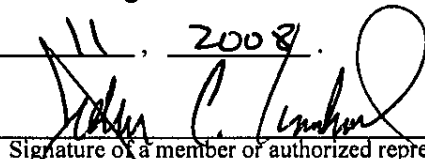
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input 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
_____	_____	_____	<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.)*

Article VI - management is hereby
amended and restated in its entirety
As follows: The Company is to be
managed by a General Manager
SLG Management Services, LLC

Dated April 11, 2008



Signature of a member or authorized representative of a member

John C Kunkel Vice President

Typed or printed name of signee

FILED
 08 APR 18 PM 1:50
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA