## 10000001851

| ·                                       |   |
|---|---|
| (Requestor's Name)                      |   |
| (Address)                               | _ |
| (Address)                               |   |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       | - |
| (Business Entity Name)                  | _ |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
| L. SELLERS                              |   |
| AUG 👼 2010                              |   |

Office Use Only

**EXAMINER** 



600183630066

08/03/10--01013--002 \*\*30.00

SECRETARY OF STATE

## **COVER LETTER**

| TO:           | Registration Sec<br>Division of Corp | tion<br>orations                           |  |  |  |  |
|---------------|--------------------------------------|--|--|--|--|--|
| SUBJE         | CCT:                                 |  | evelopment Group, L.L.C<br>ited Liability Company                  | •  |  |  |
| The end       | closed Articles of A                 | mendment and fee(s) are sub                | omitted for filing.  |  |  |  |
| Please        | eturn all correspon                  | dence concerning this matter               | to the following:  |  |  |  |
|               |                                      | Sher                                       | rry Lambson Eisele, Esq.   |  |  |  |
|               |                                      |  | Name of Person   |  |  |  |
|               |                                      | Mille                                      | er, Hester & Eisele, P.L.  |  |  |  |
|               |                                      |  | Firm/Company   |  |  |  |
|               |                                      | 429  | S. Keller Road, Ste. 310   |  |  |  |
|               |                                      |  | Address  |  |  |  |
|               | Orlando, Florida 32810               |  |  |  |  |  |
|               |                                      |  | City/State and Zip Code  |  |  |  |
|               |                                      | She  | erry@millerhester.com to be used for future annual report notifica | tion\  |  |  |
| For furt      | her information cor                  | ncerning this matter, please c             | ·  | non)   |  |  |
|               | Sherry Lam                           | nbson Eisele, Esq.                         | at ( 407 ) 4   | 78-7950  |  |  |
|               | Name of I                            | Person                                     | Area Code & Daytime  | Celephone Number   |  |  |
| Enclose       | d is a check for the                 | following amount:                          |  |  |  |  |
| <b>\$</b> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Water Spr<br>( <u>Name of the Limited</u><br>(A  | ings Develo<br><u>Liability Compar</u><br>Florida Limited L | pment Gro<br>ny as it now ap<br>iability Compar | Dup, L.L<br>pears on ou<br>ly) | .C.<br>ir records.)                   |              |                 |         |
|--|---|---|--------------------------------|---------------------------------------|--------------|-----------------|---------|
| The Articles of Organization for this Limited Li. Florida document number L02000021  |   | were filed on                                   | 8/3                            | 23/2002                               | and as       | ssigne          | d       |
| This amendment is submitted to amend the follo   |   |   |                                |                                       |              |                 |         |
| A. If amending name, enter the new name of   | the limited liab  | ility company                                   | <u>here</u> :                  |                                       |              |                 |         |
| s  | B Group Inves   | stors, L.L.C.                                   |                                |                                       |              |                 |         |
| The new name must be distinguishable and end with "L.L.C."   | the words "Limit  | ted Liability Co                                | mpany," the                    | designation "I                        | LC" or the   | abbre           | viation |
| Enter new principal offices address, if applica  | ıble:   | N/A   |                                |                                       |              |                 |         |
| (Principal office address MUST BE A STREE  | T ADDRESS)  |   |                                |                                       |              |                 |         |
|  |   |   |                                |                                       |              |                 |         |
| Enter new mailing address, if applicable:  | nav.  | N/A   |                                |                                       | <del></del>  |                 |         |
| (Mailing address MAY BE A POST OFFICE I  | <u>80X)</u>   |   |                                |                                       |              |                 |         |
| B. If amending the registered agent and/o registered agent and/or the new registered off   |   |   | n our rec                      | ords, <u>enter t</u>                  | he name      | of the          | e new   |
| Name of New Registered Agent:  | N/A   |   |                                | · · · · · · · · · · · · · · · · · · · | SEC          | ತ               |         |
| New Registered Office Address:   |   |   |                                |                                       | RET.         | ÅG.             |         |
|  |   |   | Enter Floi                     | rida street add                       | (27)         | ယ်              | -       |
|  |   | C'  |                                | _, Florida                            |              | <u> </u>        |         |
| New Registered Agent's Signature, if changing R  | egistered Agent:  | City  |                                |                                       | <b>≥≥</b>    | ર્ય<br><u>≒</u> | J       |
| The state of the s | PENESTER (TECHT)  |   |                                |                                       | י דוכי<br>יל | $\infty$        |         |

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

| MGRN         | 1 = Managing Member     |  |                |
|--------------|-------------------------|--|----------------|
| <u>Title</u> | <u>Name</u>             | Address  | Type of Action |
| N/A          |                         |  | Add<br>Remove  |
| N/A_         |                         |  | Add Remove     |
| N/A          | _                       |  | Add<br>Remove  |
| N/A          | <del>-</del>            |  | Add<br>Remove  |
| N/A          |                         |  | Add<br>Remove  |
| N/A          |                         |  | Add<br>Remove  |
| D. If a      | N/A                     | er change(s) here: (Attach additional sheets, if necessary.)                   | <br>           |
| Dated _      | August 2nd Signature of | 2010  member of anthorized representative of a member                          |                |
|              | /                       | a member of authorized representative of a member  Sherry Lambson Eisele, Esq. |                |
|              |                         | Typed or printed name of signee  |                |

Page 2 of 2

Filing Fee: \$25.00