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SECRETARY OF STATE
ANASSEE FLORIDA

T. CLINE MAR 2 3 2010

EXAMINER

COVER LETTER

SUBJECT:	MUTIN	Y REALTY, LLC	
		ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
	ABB	BY J. BOURGEOIS, ESQ.	
		Name of Person	
	PHELPS DUNBAR LLP		
	Firm/Company		· · · · · · · · · · · · · · · · · · ·
	100 S. A	SHLEY DRIVE, SUITE 1900	20 TAS
		Address	ECF IOH
	TA	MPA, FLORIDA 33609	2010 HAR 22 SECRETARY TALLAHASS
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	
For further information	on concerning this matter, please of	•	OF STATE E. FLORID
	J. BOURGEOIS, ESQ.	at (813) 472 Area Code & Daytime Tele	2-7751 cphone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	S30.00 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

MUTINY RE	ALTY, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	11/08/02	and as	signed
Florida document numberL0200030003				
This amendment is submitted to amend the following:				abbreviation 2010 MAB 22 AM T: 15
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :		
PROVIDENT RESOF	RTS REALTY, L	LC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compa	any," the designation "Ll.	C" or the	
Enter new principal offices address, if applicable:	107 HAMPTO	ON ROAD STE 100	SEG	Z010.
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATE	ER, FLORIDA 3375	第五元 第五元	
			SE E. I	
Enter new mailing address, if applicable:		ON ROAD STE 100	~~- 1	11:50°
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATE	ER, FLORIDA 3375		5
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:	<u>e</u> :	our records, enter th		of the new
	En		:33	
	City	, Florida	Zip Cod	e

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 Changing Registered Agent, Signature of New Registered Agent

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

	<u>Name</u>	Address	Type of Acti
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			2010,MAR 22 AT III. 19 STATE SEERETAR & STATE FLORIG
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			Remove
mendi	ng any other information, enter	change(s) here: (Attach additional sheets, if necessary	·)
<i>W</i>	ARCh 12.	2010	
	ARCh 12.	<u>2010</u> .	

Page 2 of 2

Filing Fee: \$25.00