

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| (City/Clate/2.lp/1 Hone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| (Boodiffelt (Vallisel) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

G. MCLEOD

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EXAMINER



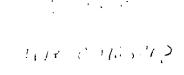
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SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| CAPCIRC PROPERTIES, LLC | , | | | | | |
|--|---|---|---|---------------------|---------------------|--|
| | Liability Company Florida Limited Lia | as it now appears on our bility Company) | records.) | _ | | |
| The Articles of Organization for this Limited Lia | bility Company w | ere filed on DECEMBER | ₹ 3, 2002a | ınd assi | gned | |
| Florida document number L02000033669 | _ • | | | | | |
| This amendment is submitted to amend the follow. A. If amending name, enter the new name of | J | ty company here; | | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited | d Liability Company," the | designation "LLC" | or the at | obreviation | |
| Enter new principal offices address, if applica | ble: | | | 0 | DV. | |
| (Principal office address MUST BE A STREET ADDRESS) | | | _ ∞ _ ≥ | | | |
| Truncipus office manress most 22/15/16251 | 7100KCBS) | | | ह | - 2 2 | |
| | | | | - 65 | 0 × = | |
| Enter new mailing address, if applicable: | | | | PH | 選集出 | |
| (Mailing address MAY BE A POST OFFICE B | | | ** | ŽŽ | | |
| | | | | ~ | 9:- | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | e address on our reco | rds, enter the na | ame of | the new | |
| Name of New Registered Agent: | CHARLETTI | E MOORE, CPA | | | - | |
| New Registered Office Address: | 2627 Mitcham D |)r. | | | | |
| | | (Enter Florida street address) | | | | |
| | Tallahassee | | , Florida <u>32308</u> | | | |
| | | (City) | | (Zip Code) | | |
| New Registered Agent's Signature, if changing Re | egistered Agent: | | | | | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this co | oper and complet tered agent as pro egistered office ac | te performance of my di ovided for in Chapter 60 | uties, and I am far 08, F.S. Or, if this | miliar v s docun | with and nent is | |

Page 1 of 2

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(If Changing Registered Agent, Signature of New Registered Agent)

If an ending 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 Title Name <u>Address</u> **Type of Action** Little Dog Management Corp. MGR **∎** 🗸 Add 8255 Royal Street East Trailside Unit 8 Remove Park City, Utah 84060 WMR Capital Corp. MGR 1100 Highway 98 East ■ Add **▼** Remove Unit B801 Destin, FL 32541 🗖 Add Remove _ Add Remove Add 🗂 Remove **∏** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member or authorized representative of a member Nancy Lubinski, Asst Secy, Little Dog Management Corp. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00 4834-00/