

DIVISION OF CORPORATIONS

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L0300001051
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 PUBLIC ACCESS SYSTEM

ELECTRONIC FILING COVER SHEET

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To:

Division of Corporations
 Fax Number : (954) 617-6383

From:

Account Name : STEARNS WEAVER MILLER ET AL FT. LAUDERDALE
 Account Number : I20080000044
 Phone : (954) 462-9571
 Fax Number : (954) 462-9567

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SB BOCA VILLAGE, LLC

CERTIFICATE OF STATUS	0
CERTIFIED COPY	0
PAGE COUNT	02
ESTIMATED CHARGE	\$25.00

SECRETARY OF STATE
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

C. LEWIS

OCT 21 2008

EXAMINER
 HELP

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 MENU

CORPORATE FILING
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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SB BOCA VILLAGE, 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 3/27/03 and assigned
Florida document number L03000011051.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(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 Changing Registered Agent, Signature of New Registered Agent)

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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

Title	Name	Address	Type of Action
			<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.)

The name of one of the Managers was typed incorrectly on the Reinstatement filed with the
Florida Department of State on October 17, 2008. The correct spelling of the Manager's
name is: Malcolm Butters.

Dated October 20, 2007

William B. Mason
Signature of a member or authorized representative of a member

William B. Mason

Typed or printed name of signee

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