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SEP 1 0 2008

COVER LETTER

TO: Registration Section Division of Corp.		
SUBJECT:	DEERE DEVELOPMENT LC (Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	OTELLA PRENTIES (Name of Person)	
	DEERE DEVELOPMENT LL (Firm/Company)	. C
	(Firm/Company)	
	(Firm/Company) 6222 PARADISE POINT DR (Address) MIAMI FL 33157	
	(Address)	
	MIAMI TE 3315-L	
	(City/State and Zip Code)	
For further information cor	ncerning this matter, please call:	
STELLS PRE	Person) at (305) 234-3004 (Area Code & Daytime Telephone	
(Name of	Person) (Area Code & Daytime Telephone	Number)
Englosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

08 SEP - 9 AMII: 16
SECRETARY OF STATE

Non-	· - > - O · · · · · · · · · · · · ·	TALLA	HASSEE FLORIDA
(Name of the Limited I	Liability Company as it no Florida Limited Liability Co	w appears on our records.) ompany)	
		. 1	•
The Articles of Organization for this Limited Lia	bility Company were file	ion <u>03 31 03</u>	and assigned
Florida document number 43000	11554		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here;	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica		222 PARADISE PO	
(Principal office address MUST BE A STREET	(ADDRESS) M	IMI FL 331	57
•			
Enter new mailing address, if applicable:		····	<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		ess on our records, enter	the name of the new
Name of New Registered Agent:	STELUS	PRENDES	
New Registered Office Address:	6222	PALADISE PO (Enter Florida street ad	INT DR.
	Missi	, Florida	33157
	(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 donfirm 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 = Mana MGRM = Ma	ger naging Member						
<u>Title</u>	Name	Address	Type of Action				
MGR. MOMBER	STELLA PRENDES	6222 PARADISE BOINT DO MIDMI FL 33157	Add Remove				
MG. <u>Membo</u> r	ALEXANDER PRENDES	6222 RAMDISE POINT DA. MISMI R 33157	Add Remove				
MG <u>R. Mems</u> er	Nous C. de Penez	18001 OLD CUTTER AD 14. MISMI TE 33157	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)					
 Dated	9/5 .Roo	8	SECRETARY OF STATE				
	Stell	or authorized representative of a member Premoto					
_	Typed o	r printed name of signee					

Page 2 of 2

Filing Fee: \$25.00