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FILED 2009 DEC -3 AM 11: OX SECKETARY OF STATE

M. THOMAS

DEC - 4 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		•
SUBJI	R PROPERTIES, LLC		
5020	ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.
Please	return all corresp	ondence concerning this matte	er to the following:
		ANGELA B. COURTE	
			Name of Person
			Firm/Company
50			055 LATROBE DRIVE
		Address PART CONTRACTOR AND ADDRESS AD	
		NDERMERE, FL 34786 City/State and Zip Code	
		LAW4673@AOL.COM	
For fur	ther information	E-mail address: (concerning this matter, please concerning this matter)	(to be used for future annual report notification)
	THOMA	AS V. INFANTINO	at (407) 644-4673, ext 110
	Name o	of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for t	he following amount:	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	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

		OPERTIES,		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	ability Company	were filed on	May 19, 2003	and assigned
Florida document number L03000018	023			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with	the words "Limi	ited Liability Comp	any " the designation of	LC" fishe abbreviation
"L.L.C."	the words Emi	ica Diability Comp	uny, the designation	
Enter new principal offices address, if applica	5055 LATRO	BE DRIVE		
(Principal office address MUST BE A STREET	(ADDRESS)	WINDERME	RE, FL 34786	SSE E
				TO THE ON
Enter new mailing address, if applicable:	5055 LATRO	BE DRIVE	Dr. C	
(Mailing address MAY BE A POST OFFICE E	BOX)	WINDERME	RE, FL 34786	
B. If amending the registered agent and/o	r registered of	fice address on	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered off	ice address her	<u>e</u> :		
Name of New Registered Agent:	ANGELA B. COURTE			
New Registered Office Address:	OBE DRIVE			
		En	iter Florida street ada	lress
	WIN	NDERMERE	. Florida	34786
		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 confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Stgnature 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANGELA B. COURTE	5055 LATROBE DRIVE WINDERMERE, FL 34786	✓ Add Remove
MGR	LOUIS COURTE	11059 INTERNATIONAL DRIVE	Add Remove
			Add Remove Remove Remove Add Remove Add Remove Remove
	ending any other information, ente	er change(s) here: (Attach additional sheets, if necess	sary.)
Dated	NOVEMBER 30 Signature of a	2009 member or authorized representative of a member ANGELA B. COURTE Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00