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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Siesta Key Properties, L.L.C. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Sean P. OBrian Name of Person |
| Name of Person |
| Siesta Key Properties, L.L.C. |
| |
| 214 Pleasant Hill Dr |
| Centerville OH 45459 |
| 214 Pleasant Hill Dr Address Centerville OH 45459 City/State and Zip Code Sean Pobrian 20 @ Not mail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: Sear P. OBrien at (937) 371-7772 55 |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy Certificate of Status \& Certified Copy (additional copy is enclosed) 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 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, L.C.C |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny h <u>s it now appears on our records.</u>) iability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 0 3 0000 18 10 5</u> . | were filed on05/20/2003 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabile. Siesta Key Properties and The new name must be distinguishable and end with the words "Limited Liabile." | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | 22 22 23 24 25 26 26 27 |
| Enter new mailing address, if applicable: | - Villa No propri |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Litter I within street unit cas |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | Chy Eth Cone |
| new Regimeren Agent's Signature, it enanging 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| <u> Citle</u> | <u>Name</u> | Address | Type of Action |
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