8. 2010si 1 4 4 PMation

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001335013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

 γ_{α} .

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN

Account Number : 120030000118 Phone : (407)581-9800

Fax Number : (407)581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address;						
	Address;	Address;	Address:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W. CHARLES SHUFFIELD, LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/8/2010 1:51:52 PM N. Owlerson IUN - 9 2010

FILED

10 JUN -8 AM 8: 27

SCORE LANT OF STATES
TALL AHASSEE, ELORIDAS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF W. CHARLES SHUFFIELD, LLC A Florida Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on July 30, 2003, and assigned Florida document number L03000028040.

This amendment is submitted to amend the following [check all that apply]:

Amending name. The new name of this Limited Liability Company is: LEGION PLACE, LLC (which name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC.")
Amending registered agent and/or registered office address:
Name of New Registered Agent: Shuffield, Lowman & Wilson, P.A. (must sign below)
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 Morida Statutes. Signature of New Registered Agent
New Registered Office Address:
1000 Legion Place, Suite 1700 (Enter Florida street address)
Orlando , Florida 32801 (City) (Zip Code)

(((H10000133501 3)))

No. 3284 P. 3

	MGR MGR	Type of			
	<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Action</u>	
	<u>MGRM</u>	Shuffield, W. Charles	1000 Legion Place #1700 Orlando, FL 32801	□ Add □ Change ⊠Remove	
	MGRM S	Shuffield, Lowman & Wilson	1, P.A. 1000 Legion Place #17 Orlando, FL 32801	00 ⊠ Add ☐ Change ☐ Remove	
	Amendin	g Other Information:			
Effective		erent than the date of filing: the prior to dete of filing or, if delayed	l, more than 90 days after amendment file	: date)	

William R. Lowman, Jr., Vice President Of Shuffield, Lowman & Wilson, P.A.

10 JUN -8 AM 8: 27