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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 1 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations	,	
SUBJECT:	San Isi (Name of Limi	dro Investme ted Liability Company)	nts LLC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Able ad	dy Morrison (Name of Person) willow Inc.	
		(Firm/Gompany)	. Au -
	700 Ele	venth Street So	wh, PHZ
	Maples,	FL. 34102-677 (City/State and Zip Code)	10.1
For further information	concerning this matter, please c	all:	E,FL
Caudyy	horrism	at ( 239 430 44 (Area Code & Daytime	
V	, 0 0.001.9		
Enclosed is a check for	the following amount:		1
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

Oan Isidro	Investment	s LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on or Liability Company)	ar records.)		
•		(=) 20 ± 2		
The Articles of Organization for this Limited Liability Compa	ny were filed on Mo V.	13 2003	_ and assigned	
Florida document number <u>LO 30000 44 11.3</u> .				
				•
This amendment is submitted to amend the following:				
		•		
A. If amending name, enter the new name of the limited li	bility company here:		•	
Migmiprop Four	LLC			
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Company," th	e designation "LL	I" or the abbrev	iation
B. If amending the registered agent and/or registered	Office address on our ve	gords onter the	same of the	
registered agent and/or the new registered office address h		corus, career the		<u> </u>
·		•		
			08 SEI	
Name of New Registered Agent:				-7
New Registered Office Address:			AS T	
	(Enter 14	orida street addre	guden	Į.
· <u> </u>		, Florida	PR	
	(City)	,	(Zin Code)	
			1.7 15A	
New Registered Agent's Signature, if changing Registered Age	<u>tti</u>			
I hereby accent the appointment as registered agent and	oman to makin ship our nata			1.9
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con	gree to act in this capacit Aplete performance of my	y. I juriner agree duties. and I am	to comply wi familiar with	th and
accept the obligations of my position as registered agent a	s provided for in Chapter	608, F.S. Or, if	this document	is:
being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ce address, I hereby confi	rm that the limit	ed liability	

(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 = Ma MGRM = I	anager Managing Member	· ·	·
Title	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
· 			Add Remove
			AddRemove
·			Add Remove
			Add Remove
_			Add
D. If amen	nding any other information, en	iter change(s) here: (Attach additional sheets, if	
· –			08 MAY -1 SECRETAR TAILLAHASS
- -			PH 4: 1
Dated	1.28.2008 Cb Mensor	id on tetory & Sale member Cot	einer rest Limited
	Digitamic t	ce 3. Morrison	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

Committee of the second of the