## L04000018590

|                  | (Requestor's Name)       |
|------------------|--------------------------|
|                  | (Address)                |
|                  |                          |
|                  | (Address)                |
| <del></del>      | (City/State/Zip/Phone #) |
| PICK-U           | JP WAIT MAIL             |
|                  | (Business Entity Name)   |
|                  | (Document Number)        |
| Certified Copies | Certificates of Status   |
|                  |                          |

Special Instructions to Filing Officer:

A. LUNT

JUL - 2 2008

**EXAMINER** 

Office Use Only



800131803388

07/01/08--01018--009 \*\*25.00



## **COVER LETTER**

| TO:             | Registration Se<br>Division of Cor |  | •  |  |              |       |
|-----------------|------------------------------------|--|--|--|--------------|-------|
| SUBJ            | ECT: RINCO                         |  |  |  |              | ţ.    |
|                 |                                    | (Name of Lim                               | ited Liability Company)  |  |              |       |
| The er          | closed Articles of                 | Amendment and fee(s) are sub               | mitted for filing.   |  |              |       |
| Please          | return all correspo                | ondence concerning this matter             | to the following:  |  |              |       |
|                 |                                    | KIMBERLY M. MCALLIS                        |  |  |              |       |
|                 |                                    |  | (Name of Person)   |  |              |       |
|                 |                                    |  | (Fi/C  | TAL  | 200 <b>x</b> |       |
|                 |                                    |  | (Firm/Company)   | AH   | CR J         | 7     |
|                 |                                    | 9021 TOWN CENTER P                         | KWY  | ASS  |              |       |
|                 |                                    |  | (Address)  |  | T)           |       |
|                 |                                    | BRADENTON, FL 34202                        | !  | FLOR   | , ,          | U     |
|                 |                                    |  | (City/State and Zip Code)  | IDA  | 1            |       |
| For fu          | rther information o                | concerning this matter, please c           | all:   |  |              |       |
| KIMB            | ERLY M. MCALL                      |  | at (_941)_907-8788   |  |              |       |
|                 | (Name                              | of Person)                                 | (Area Code & Daytime 1   | Telephone Number)  |              |       |
| Enclos          | sed is a check for the             | he following amount:                       |  |  |              |       |
| <b>)Z(</b> \$2: | 5.00 Filing Fee                    | \$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing I<br>Certificate of<br>Certified Cop<br>(additional co | Status &     | osed) |
|                 | Registi                            | ING ADDRESS: ration Section                | STREET/COURIER Registration Section Division of Corporation        |  |              |       |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RINCON, LLC   |  |                                      |
|---|--|--------------------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida               | y Company as it now appears on our r<br>Limited Liability Company) | ecords,                              |
| The Articles of Organization for this Limited Liability           | Company were filed on 2/26/04                                      | and assigned                         |
| Florida document number 1.04000018590                             | 0  |                                      |
| This amendment is submitted to amend the following:               |  |                                      |
| A. If amending name, enter the new name of the lin                | nited liability company here:                                      |                                      |
| SM-RINCON, LLC  |  |                                      |
| The new name must be distinguishable and end with the we "L.L.C." | ords "Limited Liability Company," the de                           | esignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:               |  |                                      |
| (Principal office address MUST BE A STREET ADD                    | RESS)  | AFE III                              |
|   |  | SEE P                                |
| Enter new mailing address, if applicable:                         |  | LOSZ &                               |
| (Mailing address MAY BE A POST OFFICE BOX)                        |  | DE 1                                 |
| B. If amending the registered agent and/or regi                   |  | ds, enter the name of the new        |
| Name of New Registered Agent:                                     |  |                                      |
| New Registered Office Address:                                    | /r . ru .  |                                      |
|   | (Enter Florid  | da street address)                   |
| <del></del>   |  | Florida(Zip Code)                    |
|   | (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, 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 = Mar<br>MGRM = M | nager<br>Ianaging Member                |  |                |
|-----------------------|---|--|----------------|
| <u>Title</u>          | Name                                    | Address  | Type of Action |
| <del></del>           |   |  | Add Remove     |
|                       |   |  | Add Remove     |
|                       |   |  | Add Remove     |
|                       |   |  | Add<br>Remove  |
|                       |   |  | Add Remov      |
|                       |   |  | Add Remove     |
| D. If amend           | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessar | y.)            |
|                       |   |  |                |
|                       |   |  |                |
| Dated JUNE            |   | r or authorized representative of a member         |                |
|                       | FRED COCHRAN, MAN                       |  |                |

Page 2 of 2

Filing Fee: \$25.00