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B. KOHR

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EXAMINER

COVER LETTER

Division of Col	poracions			
SUBJECT:	Atlantic Coas	st Developers, LLC	99 NA 15 C	
	Name of Limit	ed Liability Company	TO SEE	
•			\$ 600 CON	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	* P. (60)	
Please return all correspo	ndence concerning this matter	to the following:	OS NON -6 PAIR: 45	
	G	reg Wolenberg, Esq.	ŧ	
		Name of Person		
Atlantic Coast Developers, LLC				
		Firm/Company		
	2008	Riverside Ave., Ste. 300		
		Address		
	Ja	acksonville, FL 32204		
		City/State and Zip Code		
greg@atlanticcoastdevelopers.com E-mail address: (to be used for future annual report notification)				
			ation	
For further information c	oncerning this matter, please ca	aii:		
	nberg or Chris West	at (<u> </u>	634-1500	
Name o	f Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 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:

TO:

Registration Section

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



Atlantic Coast Developers, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document numberL0400021	· · · · —	03/22/2004	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	Southeast Development, LLC	2008 RIVERSIDE AVENUE, STE. 300 JACKSONVILLE, FL 32204	_ ✓ Add
MGR_	May Street Developers, LLC	2008 RIVERSIDE AVENUE, STE. 300 JACKSONVILLE, FL 32204	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			_
			- -
 Dated	November 1 200	9	_
	\ / / /	or authorized representative of a member d signatory of Southeast Development, LL	 .c
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00