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S. HAWKES

SEP 0 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Scarine Eagle Investment LLC 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:				
DORECT LAWRENCE Name of Person				
Soaring Eagle Investment / Assisted Living FACILITY				
743 Sw Tatem Ten				
Port St Luci Fl. 34953 City/State and Zip Code				
Horeen Ker & yahoo Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (754) 246-2305 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee & \$\ \bigcup \\$30.00 Filing Fee & \$\ \bigcup \\$55.00 Filing Fee & \$\ \bigcup \\$60.00 Filing Fee, \$\ \bigcup \\$certificate of Status & \$\ \bigcup \\$(additional copy is enclosed)\$\ (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

d Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 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:

	Manager I = Managing Member		
Title '	Name	Address	Type of Action
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D. If an	nending any other information, ente	er change(s) here: (Attach additional shee	ets, if necessary.)
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Dated _	86 18	2010	
	Horeen	Jann	
	Signature of a DORCEN	member or authorized representative of a mo	ember
	DIKEEN	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00