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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. LEWIS AUG - 8 2011 EXAMINER

COVER LETTER

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**

2011 AUG -5 RM # 23

SECRETARY OF STATE

| REGATTA BEAC | H REALTY, | UC | TALLAHASSEE, FLORIDA |
|--|--|---------------------|----------------------------------|
| (A Flo | bility Company as it now a rida Limited Liability Comp | oany) | |
| The Articles of Organization for this Limited Liabil | ity Company were filed o | 17 May | 2004 and assigned |
| Florida document number L04000372 | 12 | 0 | 1 |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | limited liability compar | ıy here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability (| Company," the desig | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | : | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | • | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | |
| | | | <u> </u> |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | | on our records, | enter the name of the new |
| | <u></u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Florida st | reet address |
| | . Florida | | |
| _ | City | , FIO | 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 = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|---|--|----------------|
| MGRM | THOMAS E. FEASTER | TIOS PELICAN ISLAND DR. TAMPA, FL 38434 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
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| D. If amend | ling any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | - 2 |
| | | ALLAHAS | 2011 AUG-5 E |
| _ | | | OF STA |
| Dated <u>A</u> | nd August, 201 | | RITE 28 |
| | FAYOUR GOLDS | r authorized representative of a member TONE. r printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00