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EXAMINER



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DIVISION OF CORPOSATION

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: PEACOCK CITRUS GROVES, LLC					
3000					
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
	Donald R. Tescher, Esq. Name of Person				
TES		TESO	CHER & SPALLINA, P.A.		
		Firm/Company			
4855		4855]	echnology Way, Suite 72	20	
			Address		
		E	loca Raton, FL 33431		
		dtooo	City/State and Zip Code		
		E-mail address: (her@tescherspallina.com to be used for future annual report no	tification)	
For fur	ther information	concerning this matter, please o	call:		
		R. Tescher, Esq.	at (561)	997 7008	
	Name o	of Person	Area Code & Dayt	ime Telephone Number	
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	Company as it now appears	_LU		
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Co	ompany were filed on	09/20/2004	and assi	igned
Florida document number L0400068639				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here	:		
The new name must be distinguishable and end with the word L.L.C."	ds "Limited Liability Compar	ny," the designation "LI	.C" or the a	bbreviatio
Enter new principal offices address, if applicable:		· .		<u> </u>
Principal office address MUST BE A STREET ADDR	ESS)		9	SEV
			<u>~</u>	<u> </u>
			ဒ္ဓ	위불규
Enter new mailing address, if applicable:				S.K.E.
Mailing address MAY BE A POST OFFICE BOX)			<u>~~</u>	
			CU 	RAI
			ω,	2m
B. If amending the registered agent and/or regist		ur records, <u>enter th</u>	e name o	f the new
registered agent and/or the new registered office addr	ess here:			
Name of New Registered Agent:				
New Registered Office Address:			<u>. </u>	
	Ente	er Florida street addre	2SS	
		, 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, 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
MGR	NEIL BURELL	6465 SW 84th Street Miami, FL 33143	Add Remove
MGR_	DONALD R. TESCHER, E	4855 Technology Way, Suite 720 Boca Raton, FL 33431	Add Remove
MGR	GEOFFREY JAMES	7800 SW 87 Avenue, Suite A-120 Miami, FL 33173	✓ Add Remove
MGR	LEO MARTIN	6465 SW 84th Street Miami, FL 33143	Add Remove
			Add Remove
D. If amen	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	Add Remove
 Dated	11/24 , 2	00 9 1 D	
		aber or authorized representative of a member	
		onald R. Tescher, Esq.	

Page 2 of 2

Filing Fee: \$25.00