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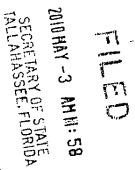
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MAY - 4 2010

EXAMINER .

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lakewood Ranch Reatly Company, LIC Name of Limited Liability Company
The state of the s
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AShley Busi Name of Person
Name of Person
Prudential Palms Realty
Firm/Company
130 N. Trimiami Trail
Address AS 20
SAVASOTO, FZ 34234
City/State and Zip Code  Ohler Contex On On the office of the Context of the Cont
For further information concerning this matter, please call:
Ashley Busi at (91), 552-4263  Name of Person  Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified of Status & Certified Copy (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

<u>lakewood Ran</u>	1 ( 0 ( 1 ) 0 )	empany LLC
(Name of the Limited Liability (A Florida L	Company as it now appears of Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 1/11 150	2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		-1 2
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable:		AHASSEE ARY OF
(Mailing address MAY BE A POST OFFICE BOX)		STATE STATE
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida Zip Code
	City	Zip Conc

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

Title	Name	Address	Type of Act	<u>10n</u>
<u>náem</u>	Steve Bailey	10316 Rookery Circle Bradenton, FL 34203	Add Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
-			ZOIDE OVE SECTION AR TALL AHASS	Marie
			Add A	
			Add Remove	
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	.)	
Dated	Signature of a priember	Sashi: or or authorized representative of a member		
	Pau	Ja Cashi Tor printed name of signee	<del></del>	

Page 2 of 2

Filing Fee: \$25.00