L0500003150

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Name)				
(Document Number)				
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A. LUNT				
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EXAMINER				

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800185149118

09/09/10--01012--008 **25.00

COVER LETTER

SUBJECT: LAKEWOOD RAnch Realty Company, 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: Ashley Busi Name of Person Peudential Palms Realty Firm/Company 130 N- Temiami Trail Address	2018 SEP -9 AM 18: 31 SEVENTARY OF STATE TALLAHASSEE, FLORES						
SAVASOTA, FZ 34236 City/State and Zip Code Oshleycarter@prudentialpalmsre E-dail address: (to be used for future annual report notification)	ealty. w	γΛ					
For further information concerning this matter, please call:							
at () Name of Person	r						
Enclosed is a check for the following amount:							
(additional copy is enclosed) Certified	ite of Status &	:d)					

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

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

(A Florida Limited Liability Company)

(Total Summa Blacking Company)		
The Articles of Organization for this Limited Lial Florida document number LD500003	bility Company were filed on <u>り 加</u>	and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	· · ·	2910 Sag	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLG" or the abbreviated	
Enter new principal offices address, if applical	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 offi		cords, enter the name of the new	
Name of New Registered Agent:			
New Besistered Office Address			
New Registered Office Address:	Enter Flo	rida 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

	g the Managers or Managing Members o <u>ig Member being added or removed from</u>	n our records, <u>enter the title, name, and add</u> our records:	ress of each Manager
MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	<u>Susan Jordan</u>	4780 Overbury Place SARASTA, FL 31341	,Add Remove
			Add Remove
			Add Remove
			Add Remove
 		- T	Remove
D. If amon	ding any other information enter shange		Remove
D. II amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary	. <i>)</i>
_			
Dated	Signature of a member of	or authorized representative of a member	
	Held	en Sosso r printed name of signee	

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Filing Fee: \$25.00