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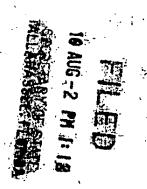
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D. BRUCE

EXAMINER

COVER-LETTER

Division of	f Corporations			
SUBJECT:	Old N	Moultrie, LLC		
		ted Liability Company		
:				
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
		Helen Breeding		
•		Name of Person		
	-	Old Moultrie, LLC		
		Firm/Company		
	10175 F	ortune Parkway, Suite 1008	5	
		Address		
	J	acksonville, FL 32256		
		City/State and Zip Code		
	Si E-mail address: (Idevco@bellsouth.net to be used for future annual report notific	cation) .	
For further informat	ion concerning this matter, please c	·		
	Helen Breeding	41.1	519-9545	
N	ame of Person	Area Code & Daytime	Telephone Number	
 _ '				n
Enclosed is a check	for the following amount:			j
\$25.00 Filing Fe	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

TO: Registration Section

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

Old Moultrie, L	.LC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on ou Company)	ır records.)	
The Articles of Organization for this Limited Liability Company were fi	iled on01	/05/2005	and assigned
Florida document numberL0500003583			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and end with the words "Limited Liab" "L.L.C."	pility Company," the	e designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:			3 50.
(Principal office address MUST BE A STREET ADDRESS)			
			a s
		Š	概と下
Enter new mailing address, if applicable:			3 13
(Mailing address MAY BE A POST OFFICE BOX)			2 - 0
		~ 3	
B. If amending the registered agent and/or registered office ad	dress on our re	cords, 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:		· · · · · · · · · · · · · · · · · · ·	 .
er en	- Enter Flo	rida street address	
		, Florida	
City		2	Zip Code
Naw Dagistared Agent's Signature if shanging Dagistared Agents			

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 **Type of Action Name** Address **VPTAS** Gary D. Silverfield 10175 Fortune Parkway, Suite 1005 Jacksonville, FL 32256 Remove PAS Leed Silverfield 10175 Fortune Parkway, Suite 1005 ✓ Remove Jacksonville, FL 32256 Gary D. Silverfield 10175 Fortune Parkway, Suite 1005 Jacksonville: FL 32256 Remove VPT Leed Silverfield 10175 Fortune Parkway, Suite 1005 Remove Jacksonville, FL 32256 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 26th 2010 Signature of a member or authorized representative of a member Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00