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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS ON SEP -2 PM 3:27

J. BRYAN

SEP - 3 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	on ' . rations		
SUBJE	CCT:	Sundew M.	arsh Trail, LLC	
			ted Liability Company)	
		nendment and fee(s) are subrence concerning this matter t	-	OBSEP-2 PM 3: 27
	•	Aaron	Cook (Name of Person)	PH 3: 27
			Marsh Trail, LLC (Firm/Company)	
			docado lkwy. Ste. 1 (Address)	
		McKinney, T	X 75070 (City/State and Zip Code)	
For fun	ther information cond	erning this matter, please ca	all:	
Aa	Name of P	erson)	at (972) 984-03 (Area Code & Daytime	42 Telephone Number)
	ed is a check for the f		, ·	•
\$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate 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

Sundew	Marsh Trail L	LC SOLET
(<u>Name of the Limited Liabi</u> (A Florid	Marsh Trail L lity Company as it now appears of la Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on _OZ	ي المراجع المر
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
NWF Holdings The new name must be distinguishable and end with the	LLC	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:	-	
New Registered Office Address:		
	(Enter	· Florida street address)
		, Florida (Zip Code)
	(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 = M MGRM =	anager Managing Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED STATE OLVISION OF CORPORATION 08 SEP -2 PM 3: 27
Dated	August 25th, 200	08	— ·- ·· ·
	_	T. Cook r or authorized representative of a member L. Cook	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00