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2013 MAR 28 MILLS OF STATE OF

MAR 29 2013 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Blach Pro Perties, UC 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:
Heather Teanneret
Firm/Company Firm/Company Address
City/State and Zip Code City/S
For further information concerning this matter, please call: Heather Teanneret at (SSO 217 1241) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□\$55,00 Filing Fee &

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(additional copy is enclosed)

MAILING ADDRESS:

\$25.00 Filing Fee

□\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

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Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Be	ach Prop	erties &C
Name of the Limited Liability Comparison (A Florida Limited Liability Comparison for this Limited Liability Comparison document number 15000 44145 This amendment is submitted to amend the following:	nany as it now appears of on the Liability Company) ny were filed on	ar records.) ADD Sand assigned with the control of
A. If amending name, enter the new name of the limited lia	shility as many horse	
The new name must be distinguishable and end with the words "Lin" L.L.C."	ach Rec	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Flel Bai	1 Grove Rd FL 32439
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	761 Bay Freepor-	Grove Rd 1, FL 32439
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Fle	orida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			Add To			
			Add			
			Remove			
			Add			
			Remove			
			Add			
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			Add			
			[] ixemove			

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)	wy.)		
Dated	3 35 13 HOUTH E- DOUMEN Signature of a member or authorized representative of a member HOUNE - LONNEYEY Typed or printed name of signee	<u> </u>	_	
	Page 3 of 3	Zg	201	
	Filing Fee: \$25.00	AIMIC SO ARM DIES	2013 MAR 28 南山 07	