## LD5000058464

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
<i>.</i>				

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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Division of C		*	
SUBJE	ECT: de	Powers Land Investmen	t, LLC	
		(Name of Lim	ited Liability Company)	
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		Angela Silva		
			(Name of Person)	
		de Morgan C	ommunities, Inc.	
			(Firm/Company)	
		700 8th Ave	W, Suite A	
			(Address)	
•		Palmetto, FL	. 34221	
•			(City/State and Zip Code)	
For fur	ther information	concerning this matter, please c	all:	
· /	Angela Silva (Nam	e of Person)	at ( <u>941</u> ) <u>723-8908</u> (Area Code & Daytime	Telephone Number)
Enclose	ed is a check for	the following amount:		
<b>√</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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



de Powers Land Ir (Name of the Limited Liability (A Florida	nvestment, LLC y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>06/</u>	114/2005 and assigned
Florida document number <u>L05000058464</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	;
Barwick Communities, LLC		
The new name must be distinguishable and end with the wo "L'.L.C."	ords "Limited Liability Company	y," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office add  .  Name of New Registered Agent:  New Registered Office Address:	dress here:	er records, enter the name of the new
<del></del>	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper at accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	and agree to act in this cap nd complete performance of agent as provided for in Cha ed office address, I hereby o	f my duties, and I am familiar with and apter 608, F.S. Or, if this document is
	(If Changing Registered Agen	nt, 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 Action MGR\_ BEDFORD, RICHARD G 700 8TH AVENUE WEST, SUITE A Add Remove PALMETTO FL 34221 Add 🔲 ☐ Remove Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 21 member or authorized representative of a member Robert D Barwick Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00