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SECRETARY OF STATE
AND ASSES FINE IN

J. BRYAN
NOV 1 6 2010
EXAMINER

## **COVER LETTER**

| TO:  | Registra<br>Division |            | tion<br>orations                                     |                                      |  |  |  |
|--|----------------------|------------|--|--------------------------------------|--|--|--|
| SUBJE  | CT.                  | SAN        | FRANCISCO DE   | /ELOPN                               | MENT COMP  | PANY LLC   |  |
| Name of Limited Liability Company  |                      |            |  |                                      |  | <del></del>  |  |
| The en-  | glosed Arti          | icles of A | Amendment and fee(s) are sub                         | omitted for f                        | iling.   |  |  |
|  |                      |            | idence concerning this matter                        |                                      | -  |  |  |
|  |                      |            |  | ATT. J                               | ON HALL  |  |  |
|  |                      |            |  | Name                                 | of Person  |  |  |
|  |                      |            |  |                                      |  |  |  |
| <del> </del>   |                      | Firm/      | Company  |                                      | 12 S   |  |  |
| 2  |                      |            | 246 AVEN   | NUE B'N.W.                           |  | NO.  |  |
|  |                      |            | Ad   | Address                              |  | 10 NOV 12 AM 10: 26 SECRETARY OF STAT                  |  |
| WINTER HAVEN, F. 33881   |                      |            |  |                                      |  | 12 AMI   |  |
|  |                      |            |  | _                                    | and Zip Code   |  | ID: 2  |
|  |                      |            | SUSS<br>E-mail address: (                            | inmp2004<br>to be used for           | 4@ yahoo.com   | notification)  | - RIBE   |
| For fur  | ther inform          | națion co  | ncerning this matter, please c                       | all:                                 |  | , <b>दे</b> क्षित<br>में रिंग के ब्रह्म रहे । । ।<br>ज |  |
|  |                      |            | N PELLETIER  | at (                                 | 863 )  | 287-6355   |  |
|  |                      | Name of    | Person   |                                      | Area Code & Da                                       | ytime Telephone Nu                                     | mber   |
| Enclose  | ed is a chec         | ck for the | e following amount:                                  |                                      |  |  |  |
| <b>₹</b> \$25  | .00 Filing           | Fee        | \$30.00 Filing Fee & Certificate of Status           | Cert                                 | 0 Filing Fee &<br>ified Copy<br>itional copy is encl | Certi<br>osed) Cert                                    | O Filing Fee, ificate of Status & ified Copy itional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                      | ۲.,        | Registration Se<br>Division of Co<br>Clifton Buildir | orporations<br>ng<br>e Center Circle | S:   |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SAN FRANCISCO DEVELOPMENT COMPANY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Lia   | bility Company were filed on         | 06/13/2005              | and assigned              |
|---|--------------------------------------|-------------------------|---------------------------|
| Florida document number   | ·                                    | ź                       | O BOIL TO                 |
| This amendment is submitted to amend the follow   | wing:                                |                         | 題る「                       |
| A. If amending name, enter the new name of  | the limited liability company here:  |                         | SEE, FLO                  |
| The new name must be distinguishable and end with "L.L.C."                                | the words "Limited Liability Company | ," the designation '    | 'LLC" of the abbarviation |
| Enter new principal offices address, if applica   | ble:                                 |                         |                           |
| (Principal office address MUST BE A STREET  | <u> ADDRESS)</u>                     |                         |                           |
| Enter new mailing address, if applicable:   |                                      |                         | <del> </del>              |
| (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 off | •                                    | r records, <u>enter</u> | the name of the new       |
| Name of New Registered Agent:   | JON HALL                             |                         |                           |
| New Registered Office Address:  | 246 AVENUE B, N.W.                   |                         |                           |
|   | Enter                                | · Florida street ad     | dress                     |
|   | WINTER HAVEN                         | TER HAVEN . Florida 33  |                           |
|   | 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, 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 PELLETIER, SUSAN 5800 HATCHINEHA RD. ☑ Add □ Remove HAINES CITY, FL 33844 ☐ Add ☐ Remove \_ Add Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NOVEMBER 8 2010 Dated \_\_\_ Signature of a member or authorized representative of a member SUSAN M PELLETIER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00