L05000063608

Office Use Only



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COVER LETTER

Division of Co	porations		
SURIECT: FLOTR	IN PROPERTIES, I	LLC	
		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	Hedley H. John	(Name of Person)	<u> </u>
	FLOTRIN P	ROPERTIES LLC (Firm/Company)	
		(гиш/сопрану)	
	2454 Lake Cora Rd.		
		(Address)	
	APOPKA, FLORIDA, 32		
		(City/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Hedley H. John		at (561) 502 7054	
(Name	of Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☑ \$30.00 Filing Fee &	□\$55.00 Filing Fee &	■\$60.00 Filing Fee.

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

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

STREET/COURIER ADDRESS:

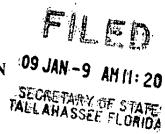
Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FLOTRIN PROPERTIES, 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 Liability Company	were filed on 6/27/05	and assigned	
Florida document number L05000063608			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
FLOTRIN ENTERPRISES LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2454 Lake Cora Rd.		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
	APOPKA, FLORIDA, 32	712	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flori	ida 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 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 = 1	Manager = Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add Remove
- 			Add Remove
-	·		Add Remove
			Add Remove
			Add Remove
	-/		Add Remove
D. If am	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if	necessary.)
			NEGO JA
			AHASSEE
Dated	1/7/09,_	J. J	HII: 20 FLORIDA
	Signature of a men HEDL	nber or authorized representative of a member EY H. JOHN	
_	Ty	ped or printed name of signee	

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Filing Fee: \$25.00