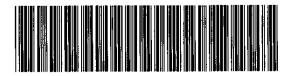
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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B. KOHR NOV 1 9 2009 **EXAMINER**

COVER LETTER

TO: Registration S Division of Co			ONO 1 9 PM
SUBJECT:	DRAKE MASTR	Y PROPERTIES, LLC	
	Name of Limi	ted Liability Company	19
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	7
Please return all corresp	ondence concerning this matter	to the following:	
	STACY SMALL		
		Name of Person	
	SMITH THOMP	SON SHAW & MANAUSA, P.A.	
		Firm/Company	
	3520 THOMAS	VILLE ROAD, 4th FLOOR	
		Address	
	TALLAHASSEE		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
STACY SMALL Name of Person		at (850) 893–4105 Area Code & Daytime T	Calanhana Number
Name	of Person	Area Code & Daytime	elephone Number
Enclosed is a check for	the following amount:		
\$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)

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

DRAKE MASTRY PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(5. 10.
The Articles of Organization for this Limited Liab	ility Company were filed onJUNE 30,	2005 and assemed of
Florida document number <u>L05000064951</u>	<u></u> .	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGRM 1384 VICKERS ROAD TALLAHASSEE, FL 32303 MICHAEL MASTRY ☐ Add Remove □ Add ☐ Remove ☐ Add Remove Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Paragraph 8 of the Articles of Organization are revised to read: The Company shall have one (1) member and may admit additional members upon the prior unanimous written agreement of the thensexisting members, or as otherwise provided in the Operating Agreement. Dated _ Nov 18 2009 Signature of a member or authorized representative of a member JEFF DRAKE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00