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10500	0078278
(Requestor's Name) (Address) (Address)	500216382215
(City/State/Zip/Phone #)	01/06/1201007036 **55.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TIL ED 12 JAN -6 PH 1: 39 ALLAHASSEE, FLORIDA
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JAN 1 2 2012 EXAMINER

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	(	COVER LETTER	<u>t</u> .	je se	
TO: Registration S	eption				
Division of Co					
	_				
SUBJECT:		IIP, LLC ted Liability Company			
	name of Linn	ieu Liaonny Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Sharon Nolan			
		Name of Person			
	Blac	ck Diamond Group, Inc.	-		
		Firm/Company			
		PO BOX 172117			
		Address			
	Ta	ampa, FL 33672-2117			
		City/State and Zip Code			
	E-mail address: (t	n@blackdiamondcap.com o be used for future annual report notificat	lon)	Bo -	
For further information	concerning this matter, please c	all:			
	· · · · · · · · · · · · · · · · · · ·				
	haron Nolan	at (	57-5281	<u> </u>	
Name	of Person	Area Code & Daytime T	elephone Number	ुद्ध 🗄 🛄	
Enclosed is a check for t	he following amount:			D STATE STATE	
\$25.00 Filing Fee	\$30.00 Filing Fee &	<b>√</b> \$55.00 Filing Fee &	<b>\$60.00</b> Filing	g Fee,	
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified C		
		(udumonal copy is chorosed)		copy is enclosed)	
	LING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:		
Divisi	on of Corporations	Division of Corporati	ons		
P.O. B	lox 6327 assee, FL 32314	Clifton Building 2661 Executive Cente	er Circle		
<i>i</i> anan	assue, I L J2J 14	Tailahassee, FL 3230			
	- n no				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIP, 1 ( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on	our records.)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document numberL05000078278	were filed onC	08/09/2005	and ass	signed
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,"	the designation "		
Enter new principal offices address, if applicable:				)
(Principal office address MUST BE A STREET ADDRESS)				Ĩ
			SS: -	
Enter new mailing address, if applicable:	PO BOX 172117	=		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33672	2-2117	ALE Y	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Charles Beale			
New Registered Office Address:	4210 West Tampa Bay Blvd			
<u></u>	Eni	ter Florida street add	ress	
	Tampa	, Florida	33614	
	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, Thereby 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

## MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	IZZYTIMMY9, LLC	4210 West Tampa Bay Blvd Tampa, EL 33614	Add Remove
MGRM	Sterling Properties, LLC	, <u>4210 West Tampa Bay Blvd</u> Tampa, FL 33614	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		ALLAHASSE	12 JAN -6	· · ·
 Dated	January 1 , 2012 . Signature of a member or authorized representative of a member	Y OF STATE FLORIDA		
	Robert Rothman			
	Typed or printed name of signee Page 2 of 2			

Filing Fee: \$25.00