

Division of Corporations

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**05000080160**

Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 617-6383

## From:

Account Name : LAW OFFICE OF MITCHELL A. SHERMAN, P.A.  
Account Number : I20030000145  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## TRINACRIA DEVELOPMENT, LLC

Certificate of Status	0
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**J. BRYAN**

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JAN 30 2008

**EXAMINER**

(H080000254563)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Trinacria Development, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on August 15 2005 and assigned  
Florida document number L05000080160.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TRINACRIA NURSERIES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

Name of New Registered Agent: \_\_\_\_\_New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

(City)

Florida

(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 618, 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)

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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:

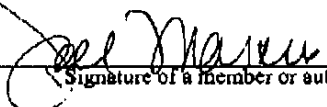
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated January 30, 2008

  
 Signature of a member or authorized representative of a member

Joel Marcus, Manager

Typed or printed name of signee

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