

# 10500002021

## Florida Department of State

### Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

G. Joseph Harrison, Esquire

Account Name : HARRISON, KIRKLAND, PRATT, CHULOCK & MCGUIRE, P.A.

Account Number : I20010000002

Phone : (941) 746-1167

Fax Number : (941) 746-9229

**L. SELLERS**  
MAY 26 2010  
**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gjh@manalaw.com

RECEIVED  
10 MAY 25 PM 3:39  
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIESTA GROVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**FILED**  
10 MAY 25 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

**FIESTA GROVE, 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 8/18/05 and assigned  
Florida document number L05000082021.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 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

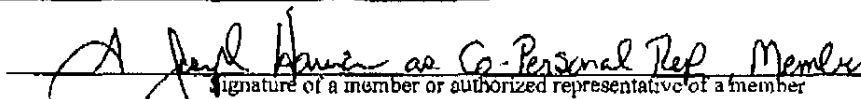
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Caroline D. Foster	1180 8th Ave W, #509 Palmetto, FL 34221-3810	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Caroline D. Foster	8615 Bayshore Rd Palmetto, FL 34221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	J. Ryan Denton	1517 43rd Ave Dr W Palmetto, FL 34221-5714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 21, 2010

  
Signature of a member or authorized representative of a member

G. Joseph Harrison, as Co-Personal Representative of the Estate of John M. Denton, deceased  
Typed or printed name of signee

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Filing Fee: \$25.00

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