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SECRETARY OF STATE
ASSECRETARY OF STATE

T. CLINE
MAY 2 8 2008
EXAMINER

COVER LETTER

TO:	Registration So Division of Co				
SUBJE	ccr: <u>Clearla</u>	ike Pines Holdings, (Name of Lim	LLC ited Liability Company)	+	
	•		·		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Cindy Alsup, Property M			
	•	(Name of Person)			
		Clearlake Pines Holdings, LLC			
			(Firm/Company)		
		2600 Clearlake Road #1A (Address) Cocoa, FL 32922			
	(City/State and Zip Code)				
For fur	ther information o	concerning this matter, please c	all:		
Cindy	Alsup, Property	Manager	at (321 ₎ 631-0851	7.5	200
	(Name	of Person)	(Area Code & Daytime	Telephone Number)	ž n
Enclose	ed is a check for the	he following amount:		SSE	27 F
☑ \$25.0	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Telephone Number) AHASSEE CRETARY OF AHASSEE Certificate of Certified Copy (additional copy is	
		ING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Clearlake Pines Holdings, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appears on iability Company)	our records.)	- 14 8	
The Articles of Organization for this Limited Li Florida document number		were filed on May 11-	2608 9-26-05and	assigned	
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company,"	the designation "LLC" or t	he abbrevia	ation
Enter new principal offices address, if applies	able:	2600 Clearlake Road	J#1A		
(Principel office address MUST BE A STREET ADDRESS)		Cocoa, FL 32922			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	3 <u>030</u>	2600 Clearlake Road Cocoa, FL 32922	j#1A	• •	-
B. If amending the registered agent and/or registered agent and/or the new registered of			SE MASSE	A	new
Name of New Registered Agent:			<u> </u>	3	- 6
New Registered Office Address:	2600 Clearlak Cocoa	·	Florida street address, Florida 32922	0 !3	<u>(</u>
•		(City)		Code)	
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	ļ
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remove	' E
		here: (Attach additional sheets, if necessary)	ZECRETARY OF STA	
	· · · · · · · · · · · · · · · · · · ·		STATE 10	•
Dated May 1	Harl H	authorized representative of a member		
	Martha Hanlon	printed name of signee		
	r yped or	braurer name or signee		

Page 2 of 2

Filing Fee: \$25.00