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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Danish Marilan)		
(Document Number)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

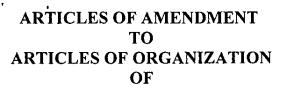
COVER LETTER

Division of Corporations					
SUBJECT: Land Time Limited LLC					
(Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Antoinette S. Gayer					
(Name of Person)					
Fox & Ellis, Attorneys					
(Firm/Company)					
4020 Del Prado Blvd. S., Suite A-1					
(Address)					
Cape Coral, FL 33904					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Antoinette S. Gayer at (239) 542-1412 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$30.00 Filing Fee & \text{Solution}\$\$ \$55.00 Filing Fee & \text{Certified Copy}\$\$ \$Certificate of Status & \text{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



(Name of the Limited) (A	Liability Company as it now a Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Lia	ability Company were filed or	September 16, 2005 and assigned
Florida document number <u>L05000096024</u>		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability compar	y here:
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability (Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered off		on our records, enter the name of the new
Name of New Registered Agent:	Charles E. Huff	
New Registered Office Address:	(Enter Florida street address)	
	Cape Coral	, Florida <u>33990</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:	
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this experience.	roper and complete perform stered agent as provided for egistered office address, I j	nance of my duties, and I am familiar with and in Chapter 608, F.S. Or, if this document is gereby confirm that the limited liability

Page 1 of 2

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>	<u>Name</u>	<u>Address</u>	Type of Action
Mgrm.	James D. Doherty	9682 Halyards Unit 21 Ft. Myres, FL 33919	Add ✓ Remove
MGR	Charles E. Huff	2203 SE 10th Lane Cape Coral, FL 33990	✓ Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ding any other information, enter c	change(s) here: (Attach additional sheets, if nec	essary.)
Dated Janu	Charles V	2008 englog or authorized representative of a member	2008 APR -4 SECRETARY
	Charles E. Huff	10	
		Гуреd or printed name of signee Page 2 of 2	D IO: 16 STATE LORIDA

Filing Fee: \$25.00