

**L0500001071**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: LINDA A. SCARCELLI  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 540-2699

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**PROGRESS POINT, LLC**

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

Progress Point, 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 October 13, 2005Florida document number L05000101071

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)450 So. Orange AvenueOrlando, FL 32801-3336

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)P.O Box 4920Orlando, FL 32802-4920**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:Linda A. ScarcelliNew Registered Office Address:450 So. Orange Avenue(Enter Florida street address)Orlando(City)Florida 32801-3336(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)

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael L. Marlowe	1150 Louisiana Avenue, Suite 4 Winter Park, FL 32789	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Denning Investments, LLC	c/o Linda A. Scarcelli 450 So. Orange Avenue Orlando, FL 32801-3335	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 12, 2008

*Linda A. Scarcelli*  
Signature of a member or authorized representative of a member

Linda A. Scarcelli, Authorized Representative

Typed or printed name of signee

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