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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL  
Account Number : 1200300000110  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

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

Certificate of Status	0
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Apr. 23. 2009 11:36AM

SALVATORI & WOOD

No. 0650 P. 2/4

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Island Pine 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:

C. Lane Wood

(Name of Person)

Salvatori, Wood, Buckel & Weldenmiller

(Firm/Company)

9132 Strada Place, Fourth Floor

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Lane Wood

(Name of Person)

at ( 239 ) 552-4100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
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(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
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

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No. 0650 P. 3/4  
**FILED**  
09 APR 23 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Island Pine 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 19, 2005 and assigned Florida document number L05000102887.

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: 3050 N. Horseshoe Drive  
Sulte 105  
Naples, FL 34104  
*(Principal office address MUST BE A STREET ADDRESS)*

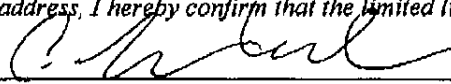
Enter new mailing address, if applicable: 3050 N. Horseshoe Drive  
Sulte 105  
Naples, FL 34104  
*(Mailing address MAY BE A POST OFFICE BOX)*

**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: Salvatori, Wood, Buckel & Weldenmiller, P. L.  
New Registered Office Address: 9132 Strada Place, Fourth Floor  
*(Enter Florida street address)*  
Naples, Florida 34108  
*(City) (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**

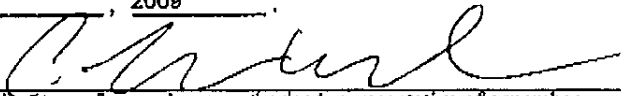
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Carr, Sr.	12802 Pond Apple Drive West Naples, FL 34118	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	William T. Higgs	3050 N. Horseshoe Drive Suite 105 Naples, FL 34104	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
			<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

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

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

**FILED**  
 09 APR 23 AM 8:40  
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 TALLAHASSEE FLORIDA

Dated April 23, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

C. Lane Wood, Esq., Authorized Representative  
 \_\_\_\_\_  
 Typed or printed name of signee