1050C	0 105561
(Requestor's Name) (Address)	
(Address)	<b>400113424394</b>
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number) rtified Copies Certificates of Status	IN SE
pecial Instructions to Filing Officer:	FILED JAN 14 PM 1: 11 COPETARY OF STATE LAHASSEE FLORIDA
789 618 671	
Office Use Only	
	M. Thomas JAN 1 4 2008

- `S COVER LETTER	
TO: Registration Section	· • · · · · · · · · · · · · · · · · · ·
SUBJECT: Lone Tree Group LLC (Name of Limited Liability Company)	
(Name of Ennied Endonity Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Susan L Sicard	
(Name of Person)	
Lone Tree Group LLC	
(Firm/Company)	08 NALI
9940 Loan Tree Lane	FILED 08 Jan 14 ph 1: 1 Secretaty of State fallahassee florid
(Address)	FILED 14 PI
Orlando, Florida 32836	
(City/State and Zip Code)	STAT.
For further information concerning this matter, please call:	ăm −
Norm / Susan Sicardat ( 407 _) 574-2062	
(Name of Person) (Area Code & Daytime Telephone Number	)
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	of Status &
MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301	

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2008

SUSAN L SICARD LONE TREE GROUP LLC 9940 LOAN TREE LANE ORLANDO, FL 32836

SUBJECT: LONE TREE GROUP LLC Ref. Number: L05000105561

We have received your document for LONE TREE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.  $\mathfrak{D}_{\overline{\mathcal{L}}}^{\mathcal{C}}$ 

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 008A0000080

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FILED

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

No. 4683 P. 2

Jan. 14. 2008 1:18PM Mercedes

	ICLES OF AMENDMEN TO CLES OF ORGANIZATI OF	
Lone T ( <u>Name of the Limited</u> (A	ree Group LLC Liability Company as it now appear Florida Limited Liability Company)	n ou our records.)
The Articles of Organization for this Limited Li Florida document number <u>L 5000105561</u> This amendment is submitted to amend the follo	······································	28/2005 and assigned
A. If amonding name, <u>enter the new name o</u> Joseph Raymond LLO	<u>C the limited liability company he</u>	ALLO
The new name must be distinguishable and end wi "L.L.C." B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on	TAR OF TAR
Name of New Registered Agent: New Registered Office Address:	Joseph Raymond 9940 Lone Tree Lane (1	Enter Florida street address)
	Orlando (City)	Florida <u>32838</u> (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 campany has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

<u>Name</u> Joseph Raymond	<u>Address</u> <u>9940 Lone Tree Lane</u> Orlando, Fl. 32836	Type of Action
Joseph Raymond	9940 Lone Tree Lane Orlando, Fl. 32836	
	·	Remove
		Add Remove
		Add
		Remove
ng any other information, enter o	hange(s) here: (Attach additional sheets, if n	Add Remove
·····		
16 12	ymon	
	nber 26 , 2 Signature of a m Joseph Raymond	Signature of a member or authorized representative of a member

٤.,

Filing Fee: \$25.00