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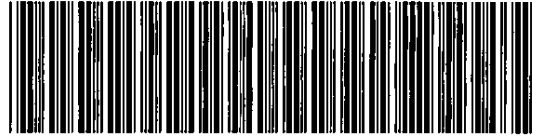
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*al*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Oaks Health 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:

Colin Yates

(Name of Person)

Coastal Oaks Enterprises LLC

(Firm/Company)

5652 Isabelle Avenue

(Address)

Port Orange, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Colin Yates

(Name of Person)

at ( 386 ) 761 7719

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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Certificate of Status

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

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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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TALLAHASSEE, FLORIDA

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

**COASTAL OAKS HEALTH LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on December 2nd 2005 and assigned document number L05000115400.

**SECOND:** This amendment is submitted to amend the following:

**Article 1 is amended to read as follows:**

**The name of the Limited Liability Company is Coastal Oaks Properties LLC**

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TALLAHASSEE, FLORIDA

Dated September 25th 2007, \_\_\_\_\_

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

**Colin D Yates, MGRM**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**