

L05000116658

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000212610 3)))



H080002126103ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : MARC L. SHAPIRO, P.A.
Account Number : I20080000007
Phone : (239) 649-8050
Fax Number : (239) 649-8054

RECEIVED
08 SEP 11 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ARBOR PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
08 SEP 11 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu
T. HAMPTON

Help

SEP 12 2008

EXAMINER

H090002126103

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

ARBOR PROPERTIES, 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 DECEMBER 7, 2005 and assigned
Florida document number L05000116658.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
08 SEP 11 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(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)

H090002126103

H080002126103

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

Title	Name	Address	Type of Action
MGRM	ARKWAY TRUST	1800 SENEGAL DATE DRIVE NAPLES, FL 34119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ADVANTAGE TRUST	1800 SENEGAL DATE DRIVE NAPLES, FL 34119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANTHONY A. MARINO	1800 SENEGAL DATE DRIVE NAPLES, FL 34119	<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

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

Dated SEPTEMBER 5, 2008

Marc L. Shapiro

Signature of a member or authorized representative of a member

MARC L. SHAPIRO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

08 SEP 11 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H080002126103