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Special Instructions to	Filing Officer:				
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Office Use Only

G. MCLEOD

OCT -7 2008

EXAMINER



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08 UCT -6 PM 3: 07

SECRETARY OF STATE DIVISION OF SCREPCRATIONS

COVER LETTER

Division of Corporations
SUBJECT: Break water Group Home III, 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:
Vince Jacobs (Name of Person)
Breakwater Group Home II LLC
1303 NW 15th Owenue
Ocala, FL 34415 (City/State and Zip Code)
For further information concerning this matter, please call:
Brenda Jacobs at 359 598-2043 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLE	S OF ORGANI	ZATION "'	SION OF CORPORATIONS
	OF	08	OCT -6 PM 3: 07
Breakwater (Name of the Limited Liability (A Florida	ty Company as ft now a Limited Liability Cor	MOME y appears on our recompany)	ords,)
The Articles of Organization for this Limited Liability	Company were filed	m 12-22-	05 and assigned
Florida document number <u>LO5000</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability comp	any here:	
Breakwater G The new name must be distinguishable and end with the w	roup H	ome II	ignation "LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:	***		
(Mailing address MAY BE A POST OFFICE BOX)			Market to the second se
			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ss on our records	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		(Enter Florida	street address)
		, F	lorida

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.

(City)

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

(Zip Code)

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 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add Remove
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** * * * * * *			Add Remove
**************************************			Add Remove
D. If an	nending any other information, enter chan	age(s) here: (Attach additional sheets, if necessa	 pry.)
	only amy	ending Nan	De correct
	Breakwat	er Group Home	(II) c
Dated _	October 1. E	2008	
	Signature of a momb	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00