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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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G. MCLEOD

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EXAMINER

COVER LETTER

Division of Corpora	ations		
SUBJECT: Care	IN Family I	nvestments, L	<u> </u>
	(Name of Limited	d Liability Company)	
The enclosed Articles of Ame	endment and fee(s) are submit	tted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Lane	Car/In (Name of Person)	
		(Name of Person)	
-		(Firm/Company)	
	1 - 2 0 1	F 111 - 1 1	RiI
_	15696	F) dales TICKS	DIVd
		(Address)	
	Fort	(Address) Wyers, Fl City/State and Zip Code)	339/2
-	(0	City/State and Zip Code)	·,
For further information conce	•		
Inne Co	w/in	at (239 289 (Area Code & Daytime	7655
(Name of Per	rson)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the fo	•		
1 \$25,00 Filing Fee □	\$30.00 Filing Fee &	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &
0	Certificate of Status	(additional copy is enclosed)	Certified Copy
\$25.00 Filing Fee	ut on 10/17	1/08	(additional copy is enclosed)
MAILING	ADDRESS:	STREET/COURIE	R ADDRESS:

TO: Registration Section

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

$\mathcal{F}_{\mathcal{F}} = \mathcal{F}_{\mathcal{F}} = \mathcal{F}_{\mathcal{F}} = \mathcal{F}_{\mathcal{F}}$	DIVISION TORRY
OB NOV 10 AMIO	OB NOV 10 AM 10: 35

OF	AM 10: 35
Carlin Family Investm (Name of the Limited Liability Company (A Florida Limited Lia	ents, LLC vas it now appears on our records.)
The Articles of Organization for this Limited Liability Company with Florida document number <u>LOGOOOO ZO</u> 2	vere filed on (/ 6 / 0 / 6 _ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	
Enchanted Treehouse The new name must be distinguishable and end with the words "Limite	28774, L.L.C.
"L.L.C."	
Enter new principal offices address, if applicable:	15296 Fidalesticks Blvd
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33912
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office 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), Florida (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

<u>Title</u>	Name	Address	Type of Action
		.	Add
			Remove
			Add Remove
			Add
			Remove
		•	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessar Lange	
_			
 Dated	10/27 2	ashi us	
	Signature of a mem	ber or authorized representative of a member Cor/rn Wood Deed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00