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SECRETARY OF STATE:
TALL AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Bay Haven Developers 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:					
Heather M. Ceron (Name of Person)					
Bry Haven Developers LLC					
2741 a1st 5t.					
Sarasota, 71. 34234 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Person) at (941) 955-6391 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy					

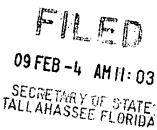
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ed 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 _ Florida document number <u>LOLOCOO</u>8999 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) 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)

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)

Page 1 of 2

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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
Mgrm	Heather M. Archer	2741 2184 5t. 34234	Add Remove
Marm	Heather M. Ceron	2741 218 5t. Swasota, Fr. 34234	Add Remove
			Add Remove
			Add Remove
			Add Remove
******************	Marillo and patter and an appropriate processing and appropriate processing appropriate processing and appropriate processing appropriate processing and appropriate processing and appropriate processing appropriate processing and appropriate processing appropriate processing appropriate processing appropriate processing and appropriate processing appropriate		Add Remove
D. If amendi	ing any other information, enter change((s) here: (Attach additional sheets, if necessary)	09 FEB -4
		ER CORIDA	AMII: 03
Dated 1	bruary 2, 200 Heather M. Signature of a member of	Concern authorized representative of a member	· -
	Heather M. Cera	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00