

LO60000 12241

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
NOV 17 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Camp Indianhead Crossings, 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:

Jeannie Shorts  
Name of Person

Strategic Properties Group  
Firm/Company

2653 Bruce B. Downs Blvd. #100  
Address

Wesley Chapel, FL 33544  
City/State and Zip Code

jshorts@spgfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannie Shorts at (813) 994-5252  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

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

Camp Indianhead Crossings, 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 2/2/06 and assigned  
Florida document number LO6000012241.

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)

Bruce B. Downs  
(please correct typo)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Bruce B. Downs  
(please correct typo)

**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**

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

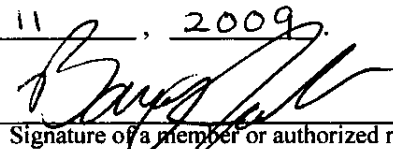
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Strategic Properties Group, LLC	2653 Bruce B. Downs Blvd. #100 Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Steven P. Riley	W. Laurel	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jonathan Wittner	W. Laurel	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Barry Jackson	Pratt. St.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 11, 2009.

  
Signature of a member or authorized representative of a member

Barry Jackson  
Typed or printed name of signee