Division of Corporations Public Access System

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From:

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: TRENAM KEMKER ST. PETE

Account Number : 120060000029

Phone

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LEE AMND/RESTATE/CORRECT OR M/MG RESIGN

BELCHER PLACE, LLC

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OCT. 6. 2009 2:38PM

FLORIDA FERTILITY INSTITUTE

NO. 0832 P. 2/3

ARTICLES OF AMENDMENT 09 OCT -6 AM 8: 42 (((£09000214079 3))) ARTICLES OF ORGANIZATION TALLAHASSEE, FLORIDA

			COMIDM
BELCHER PL	ACE, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	at it now somes bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	02/02/2008	and assigned
Florida document numberL06000012324			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company be	<u>re</u> :	
Z&N Properties	VI, LLC		
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Compa	any," the designation "I	LC" or the abbreviation
Enter now principal offices address, if applicable:			
(Principal office address MUST BE A STREET APDRESS)			
r		78 27 1 	······································
Enter new mailing address, if applicables	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 	
(Mailing address MAY BE A POST OFFICE BOX)			
	y 		
B. If amending the registered agent and/or registered offic	e address on (our records, <u>enter l</u>	he name of the ne
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	rass
	, Florida		
	City		Zip Code
New Registered Assut's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and agree			
the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro			

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If Changing Registered Agent, Signature of New Registered Agent

FLORIDA FERTILITY INSTITUTE

NO. 0832 P. 3 No. 3454 P. 3/3

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(((#109000214079 3)))

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 = Mi MGRM = I	anager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		•	Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY CONTACTACLAHASSEE
Dated	10/6 , 20	×09 511	AM 8: 42 OF STATE E. FLORIDA
	•	or or sufficized representative of a member	
	Турес	dward A. Zhella d or printed name of signee	

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ГШng Fee: \$25.00