

LO6000033784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

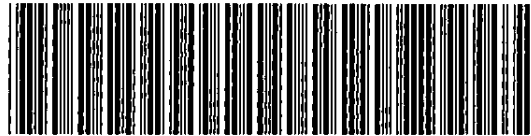
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TALLAHASSEE, FLORIDA

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11 JAN -5 PM 3:26

B. KOHR

JAN -5 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 633758 7199111

AUTHORIZATION :

COST LIMIT : \$ 25,000

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DIVISION OF CORPORATIONS  
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ORDER DATE : January 5, 2011

ORDER TIME : 12:37 PM

ORDER NO. : 633758-010

CUSTOMER NO: 7199111

DOMESTIC AMENDMENT FILING

NAME: SB ST. LUCIE GROVE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SB ST. LUCIE GROVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/30/2006 and assigned  
Florida document number L06000033784

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*

*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  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SAMUEL BUTTERS	2005 W. CYPRESS ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PHYLLIS V. BUTTERS	2005 W. CYPRESS ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

ARTICLE V IS HEREBY ADDED TO THE ARTICLES OF ORGANIZATION AS  
FOLLOWS:

"ARTICLE V

MANAGEMENT

SB ST. LUCIE GROVE, LLC shall be manager-managed."

Dated DECEMBER 29, 2010

Phyllis V. Butters  
Signature of a member or authorized representative of a member

PHYLLIS V. BUTTERS, as Attorney In Fact for SAMUEL BUTTERS

Typed or printed name of signee