L06000038089

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
APR - 9 2008				
EXAMINER				

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04/07/08--01026--005 **120.00

THE PROPERTIES

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Roc	helle Holdings (Name of Ein	ited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		•
	Jame	(Name of Person)		
	Rochelle	Holding ((Firm/Company)		
	10847 La	(Address)	SEI	206
	Cleamon	(City/State and Zip Code)	m_	FILE,
For further information	concerning this matter, please of	eall:	OF STAT	ב ק
) a mes	Welborn of Person)	at (407) 875-346 (Area Code & Daytime	©~;	.
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 6	

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

_ Kochelle H	oldings VI, LLC		
(Name of the Limited I	iability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lial	bility Company were filed on	4/11/06	and assigned
Florida document number <u>L0600003808</u>	<u>9</u> .	,	
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company here		
Lincoln Corn Fo	asms I. LLC		
The new name must be distinguishable and end with 'L.L.C."		y," the designation "LL	.C" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ır records, enter	C =
		HASSE	APR -1
Name of New Registered Agent:	James Welb	<u> ۱</u> ۲۵ م	a → m
New Registered Office Address:	James Welb, 10847 Lakesh	oce Da 5	st . D
		91	マング
	Clermont (City)	, Floriua	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Payne, Connie J	1900 Summit Tower BIVD, Su Oslando, FL 32810	: 1-825
MGRA	Payne, Connie J	10847 Lakeshore Dr. (108mont, fl 3471)	Add Remove
			Add Remove
			AA Add Remove
		≱	Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessor	ary.)
_			
Dated	1 _{gr:1} 3	2008 M	
		ember or authorized representative of a member Welbar Vined or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00