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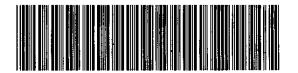
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Office Use Only

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**EXAMINER** 



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SECRÉTARY OF STATE DIVISION OF CORFORATION

## **COVER LETTER**

TO: Registration So Division of Con					
SHD IFCT.	CONTENT	ED ACRES II, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Marcha Berding		<del>-</del>	
		Name of Person			
	C	ontented Acres II, LLC			
Firm/Company					
		2680 NW 100th St.		_	
		Address			
		Ocala, FL 34475		·	
		City/State and Zip Code			
	marchab3@yahoo.com  E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please of		non carony		
Ma	archa Berding	at ( 352 )  Area Code & Da	843-4569		
Name	of Person	Area Code & Da	ytime Telephone Numb	er	
Enclosed is a check for	the following amount:				
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certific	iling Fee, cate of Status & ed Copy onal 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

(Name of the Limited Liability Compa (A Florida Limited I	ACRES II, LLC  ny as it now appears on our r  Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onapril 1	8, 2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim" 'L.L.C."	ited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3755 E. Hwy. 316	mest:
(Principal office address MUST BE A STREET ADDRESS)	Citra, FL 32113	1V 1S
		8 02
Enter new mailing address, if applicable:	3755 E. Hwy. 316	FILE OF COI
(Mailing address MAY BE A POST OFFICE BOX)	Citra, FL 32113	<b>2</b> 7 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		<b>5</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a 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

<u>itle</u>	Name	Address	Type of Action
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			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
		•	_
ated	Marcia D.	Berdine	
	Marcho D. Signature of a member MPRCHP D. F	Goding  or or authorized representative of a member  SERDING  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00