L06000056131

(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:				





800210392038

07/28/11--01020--015 **30.00

FILEU
11 JUL 28 AM ID: 33
SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

 Division of C 	orporations		
SUBJECT:	San Carlos G	rove Properties, LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Da	avid N. Morrison, Esq.	
		Name of Person	
		Wilson & Johnson	
		Firm/Company	
	2425 Ta	miami Trail North, Suite 21	1
		Address	
		Naples, FL 34103	
		City/State and Zip Code	
	Gnmorris E-mail address: (t	son@naplesestatelaw.com o be used for future annual report notific	ration)
For further information	concerning this matter, please co	•	outon,
	N. Morrison, Esq.	at (_239)Area Code & Daytime	135-1500
Name	or reison	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

11 JUL 28 AM 10: 33

SAN CARLOS GROVE PROPERTIES, LLC

SAN CARLOS GROVE PROPERTIES, 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 Lia	bility Company were filed on	June 1, 2006	and assigned	
Florida document numberL060000561	31			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	e <u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical	ple:			
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new	
Name of New Registered Agent:			·	
New Registered Office Address:	E	nter Florida street addr	988	
	1.	. Florida		
	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 = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Norman C. Burke	568 9th Street South, Ste 137 Naples, FL 34102-6620	Add Remove
MGR_	Romeo Terezi	2135 Imperial Circle Naples, FL 34110	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	ry.) —— Zs =
			FILE 1 JUL 28 ECRETARY 0 LLAMASSEE,
Dated	June 8	Mhorison_	AM IO: 33 F STATE FLORIDA
	Signature of a memb	per or authorized representative of a member David N. Morrison	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00