

L060W069647

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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B. KOHR  
DEC 23 2009  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 23 PM 1:50

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 12/23/09

Requestor Name: Carlton Fields

Address: Post Office Box 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name: Richmond Street, LLC

Entity Number (if applicable): LO6000069647

Authorization: Kim Pullen

Amnd.  
Certified Copy

Certificate of Status

New Filings

Plain Stamped Copy

Annual Report

Fictitious Name

Amendments

Registration

(  ) Call When Ready

(  ) Call if Problem

(  ) After 4:30

(  ) Walk In

(  ) Will Wait

(  ) Pick Up

(  ) Mail Out

CF Internal Use Only

Client: 23271

Matter:

81317

Name: N Linnan

Office: TLH

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 23 PM 1:51

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RECEIVED  
FLORIDA SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 23 PM 1:51

**Richmond Street, 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 Liability Company were filed on July 12, 2006 and assigned Florida document number L06000069647

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

N/A

*(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: William J. Deas

New Registered Office Address: 2215 River Blvd.

*Enter Florida street address*

Name of Old Reg. Agent: E. Allen Hieb, Jr. 1301 Riverplace Blvd. Jacksonville Florida 32204  
Jacksonville, FL 32207 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*  
*William J. Deas*  
*Page 1 of 2*

C. 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

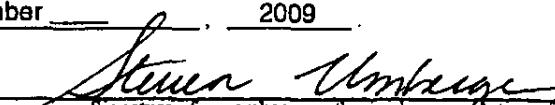
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	John R. Schultz	118 W. Adams Street, Ste. 600 Jacksonville, FL 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
V	Steven Umberger	118 W. Adams Street, Ste. 600 Jacksonville, FL 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kathryn Umberger	6724 Epping Forest Way North Jacksonville, FL 32217	<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

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

N/A

Dated December 2009

  
Signature of a member or authorized representative of a member

Steven Umberger, As Sole Member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00