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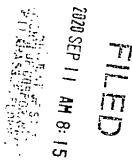
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## **COVER LETTER**

TO: Registration Se Division of Con			
HOOT OW	/L PLANTATION, LLC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Michael Lynn, Esq.		
		Name of Person	-
	Turner & Lynn, PA		
		Firm/Company	_
	7 Barracuda Lanc		
		Address	
	Key Largo, FL 33037		
	turnerlynnpa@gmail.com	City/State and Zip Code	
		to be used for future annual report notification)	-
For further information of	concerning this matter, please co	all:	
John Michael Lynn		305 367-0911 at ()	
Name o	of Person	Area Code Daytime Telephone Numb	ਮਾ
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addres		Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOOT OWL PLANTATION, LLC			7070 \$
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	
The Articles of Organization for this Limited L Florida document number L06000083235  This amendment is submitted to amend the following the content of the	·	were filed on 08/23/2006	and assigned
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	cords "Limited Liabi	lity Company "the designation "L1 C"	or the abbreviation "LLC"
		12817 Tradition Drive	or the tholevilleton 17,17, C.
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		Dade City, FL 33525	
Enter new mailing address, if applicable:		12817 Tradition Drive	
(Mailing address MAY BE A POST OFFICE	BOX)	Dade City, FL 33525	
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:	Robert A. Com	eclius	
New Registered Office Address:	12817 Tradition		
- ·- ·-		Enter Florida street address	
	Dade City		orida 33525
		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 605, 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

April Couler

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert A. Cornelius	12817 Tradition Drive	□Add
		Dade City, FL 33525	□Remove
			= Change
			□Add
		<u></u>	□Remove
			□Add
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			Change

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