

**L06000086814**

Florida Department of State  
Division of Corporations  
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((H09000088629 3)))



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To: Division of Corporations  
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From: Account Name : POHL + SHORT, P.A.  
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**FILED**  
2009 APR 14 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SUSAN DERING, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

**A. LUNT**  
APR 15 2009  
**EXAMINER**

**RECEIVED**  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Susan Dering, 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 September 1, 2006 and assigned  
Florida document number L08000088614.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2550 Oak Island Pointe

Orlando, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2550 Oak Island Pointe

Orlando, FL 32809

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TALLAHASSEE FLORIDA

**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:

Susan Dering

New Registered Office Address:

2550 Oak Island Pointe

(Enter Florida street address)

Orlando

(City)

Florida 32809

(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)

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**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>  |
|--------------|--------------|--|--|
| MGRM         | Susan Dent   | 280 W. Canton Ave.<br>Suite 410<br>Winter Park, FL 32789 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Susan Dering | 2550 Oak Island Pointe<br>Orlando, FL 32809              | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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Dated April 14, 2009



Signature of a member or authorized representative of a member

Susan Dering

Typed or printed name of signee