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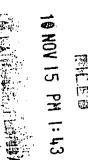
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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EXAMINER NOV 1 6 2010

COVER LETTER

Division of	n Section Corporations					
SUBJECT:	3800 FO	RT MYERS, LLC				
		ited Liability Company				
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.				
Please return all corr	respondence concerning this matter	r to the following:				
	F	ROBERT A. BRANDT				
		Name of Person				
	RO	BERT A. BRANDT, P.A.				
		Firm/Company				
	69	96 NE 125TH STREET				
		Address	· -			
	NC	NORTH MIAMI, FL 33161				
		City/State and Zip Code				
	robe	robert@attorneybrandt.com E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, please		anon)			
To runner monace	on concerning this matter, preuse v	W				
	BERT A. BRANDT	at \	81-3222			
Na	me of Person	Area Code & Daytime	Felephone Number			
Enclosed is a check f	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)	Section 1.00 Filing Fee, Certificate of Status & Certified Copy (additional 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 NOV 15 PM 1: 43

Zip Code

	3800 FORT M	YERS, LLC	· PATELYTE	Line Hall
(Name of the	Limited Liability Compan (A Florida Limited Li	y as it now appe ability Company)	ars on our records.)	
The Articles of Organization for this Li	mited Liability Company v	were filed on	October 03, 2006	and assigned
Florida document numberL06	000096688			
This amendment is submitted to amend	the following:			
A. If amending name, enter the new	name of the limited liabil	lity company ho	ere:	
The new name must be distinguishable an "L.L.C."	d end with the words "Limite	ed Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address,	if applicable:			
(Principal office address MUST BE A	STREET ADDRESS)			
Enter new mailing address, if applica	able:			
(Mailing address MAY BE A POST O	FFICE BOX)			
•				
B. If amending the registered age registered agent and/or the new regis			our records, enter the	name of the new
Name of New Registered Age	ent:			
New Registered Office Addre	<u>ss</u> :			
		E	nter Florida street addre	SS
			. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

--: **X**

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:

<u>e</u>	<u>Name</u>	Address	Type of Action
BR_	ARIE BEN ASSAYAG	696 NE 125TH STREET NORTH MIAMI, FL 33161	Add Remove
			Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
if amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
_			
	Ontober 20	0040	<u> </u>
ed	October 28 ,	2010	·

Filing Fee: \$25.00