(Requestor's Name)					
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Special Instructions to I	Filing Oπicer:				
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Office Use Only



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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Phase 1 Lutz, UC (Name of Limited Liability Company)		
	(Name of Limited Liability Company)		
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.		
Please return all corres	spondence concerning this matter to the following:		
	(Name of Person)		
	Phase one LUTZ LLC (Firm/Company)		
	1654 Sweetspire Dr (Address)	2000 SECY	
	Trinity, FL 34655 (City/State and Zip Code)	2000 JUN -4 P 12: 34 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	(City/State and Zip Code)	K PF	
For further information	n concerning this matter, please call:	12: 3 17: 3	D
C. Arthu	at (727) 236-3678  ne of Person)  at (727) 236-3678  (Area Code & Daytime Telephone Number		
(i vain	(Area code & Daytime Telephone Number	1)	
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &	sed)
Regis Divis P.O.	STREET/COURIER ADDRESS: Instration Section Section Section Sion of Corporations Box 6327 Shassee, 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

Phase one	- Lutz, LLC	
(Name of the Limited Liability	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L06000983</u> 2		106/2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	FÉC 700
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TILED  WASSEE, FLORID,  WASSEE, FLORID,
B. If amending the registered agent and/or regist registered agent and/or the new registered office add  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	(Enter	Florida street address)
		, Florida
	(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)

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

<u>Title</u>	<u>Name</u>	Address	Tune of Action
<u> </u>	Name	Address	Type of Action
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D. 11 amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	
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			<del></del>
Datad	JUNE 2, 2008		
Dated	,	·	
	Signature of a member	r or authorized representative of a member	
		C. Arthur Ellis, Jr.	
	Tyned	or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00

Amend Article IX DISSOLUTION OF THE COMPANY, to read:

9.2. DEATH OF A MEMBER. Notwithstanding the provisions of Section 9.1, the death of a Member or Member(s) shall not dissolve the Company. The surviving Member(s) shall have the option of purchasing the deceased Member(s)' Interest in the Company for the sum of one thousand dollars for each surviving member, and the deceased Member(s)' Interest in the Company shall be distributed in equal amount(s) to the surviving member(s) upon receipt of such payment by the Company.

In the event of the death of all Members without exercise of the foregoing buy-out option, each Member's Interest shall be assigned to his or her respective estate.

THE JUN -4 P 12: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA