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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS

JUL 3 1 2009

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo		,	#°\$	٨
SUBJ	ECT:	Seminole Dr	ive Developers LLC		
5000			ited Liability Company		·
		nendment and fee(s) are sul	-		
			,		
			Sandy S. Segall		
			Name of Person		
			Registered Agent		
			Firm/Company		
1806 N Flamingo Drive, Suite 300					
			Address		
Pembroke Pines, FL 33028		28			
			City/State and Zip Code		
		E-mail address: (ss@acbdgroup.com to be used for future annual repo	rt notification)	_
For fur	ther information con-	cerning this matter, please c			
	Sand	y S. Segall	at (954)	447-7775	
	Name of Po		Area Code & I	Daytime Telephone Nu	nber
Enclos	ed is a check for the	following amount:			
₹ 25	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certi closed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	MAILIN	G ADDRESS:	STREET/C	OURIER ADDRES	S:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited L	iability Company as it now appea	rs on our records.)	(332-
(A F	iability Company as it now appea lorida Limited Liability Company)	,	
The Articles of Organization for this Limited Liab Florida document numberL060001131		11/27/2006	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company he	<u>re</u> ;	
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Comp	any," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applicab	le:		······
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
:	Enter Florida street address		ess
· ·	***	, 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 MGRM = Managing Member

Typed or printed name of signee	<u>Title</u>	<u>Name</u>	Address	Type of Action
Suite 300 Pembroke Pines, FL 33028 Add Remove	MGR	Debs Developers, LLC	21120 NE 31 Place Aventura, FL 33180	Add ✓ Remove
Dated July 27 Signature of a member or authorized representative of a member Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1. The Typed or printed name of signee	MGR	SSS-PB Boynton #1, LLC	Suite 300	
Dated July 37 Signature of a member or authorized representative of a member Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1. Typed or printed name of signee				
Dated July 27 . 2009				
Dated July 27 . 2009 . Signature of a member or authorized representative of a member Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1, Tryped or printed name of signee			· · · · · · · · · · · · · · · · · · ·	
Dated July 27 , 2009. Signature of a member or authorized representative of a member Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1, Typed or printed name of signee				
Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1, The Typed or printed name of signee	D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ury.)
Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1, The Typed or printed name of signee	- -			
Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1, The Typed or printed name of signee	-			
Sandy Segall, as authorized representative of MGR, SSS-PB Boynton #1, The Typed or printed name of signee	Dated	July 27, 20	Mg/. Mg/ The rot authorized representative of a member.	
Page 2 of 2		Sandy Segall, as authorized rep	oresentative of MGR, SSS-PB Boynton	#1TE 3 D

Filing Fee: \$25.00