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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

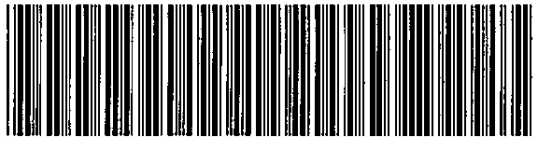
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. BRYAN
AUG 11 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLG Barfield, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mallory Gayle Holm
Name of Person
SLG Barfield, LLC
Firm/Company
4315 Pablo Oaks Ct
Address
Jacksonville, FL 32224
City/State and Zip Code
mgholm@stokeslandgroup.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mallory Gayle Holm at (904) 482-1144
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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)
- \$60.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SLG Barfield, 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 January 3, 2007 and assigned Florida document number L070000000824.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: SLG Management Services, LLC

New Registered Office Address: 4315 Pablo Oaks Ct

Enter Florida street address

Jacksonville, Florida 32224
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.

Malloy, Robert, Vice Pres.

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

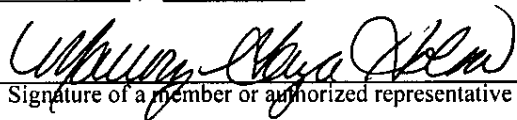
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SLG Management Services</u>	<u>4315 Pablo Oaks Ct</u> <u>Jacksonville, FL 32224</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Florida Homes Constructor</u>	<u>157 E. New England Ave</u> <u>Suite 274</u> <u>Winter Park, FL 32789</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres</u>	<u>Chris Vanzant</u>	<u>4315 Pablo Oaks Ct</u> <u>Jacksonville FL 32224</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>R. Scott Griffith</u>	<u>4315 Pablo Oaks Ct</u> <u>Jacksonville, FL 32224</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Jay Barfield</u>	<u>157 E. New England Ave #274</u> <u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP S</u>	<u>Mallory Gayle Holm</u>	<u>4315 Pablo Oaks Ct</u> <u>Jacksonville, FL 32224</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Additional officers:

- VP- John C. Kunkel, 4315 Pablo Oaks Ct, Jacksonville, FL 32224
- VP/T- Sharon Fredenhagen, 4315 Pablo Oaks Ct, Jacksonville, FL 32224
- VP - John Moore, 4315 Pablo Oaks Ct, Jacksonville, FL 32224

Dated August 1, 2009



Signature of a member or authorized representative of a member

Mallory Gayle Holm

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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