## L0700005209

| (Requestor's Name)                      |   |
|---|---|
| (Address)                               | _ |
| (Address)                               |   |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
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DIVISION CORPORATIONS
TALLAHASSES, FLORISA

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**EXAMINER** 

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| ACCOUNT | NO. | : | 120000000195 |
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REFERENCE: 463958 82866A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: July 30, 2010

ORDER TIME : 10:0 AM

ORDER NO. : 463958-020

CUSTOMER NO: 82866A

## DOMESTIC AMENDMENT FILING

NAME: CENTURY/AG-AVONDALE, LLC

EFFECTIVE DATE:

XX\_\_\_ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida document number L0700005209  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 ab "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 | ا رده د <b>ن</b> |  |  |  |
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| mariatored acoust and/or the many registered attice address have   | the new          |  |  |  |
| registered agent and/or the new registered office address here:  |                  |  |  |  |
| Name of New Registered Agent:  |                  |  |  |  |
|  |                  |  |  |  |
| 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name

| <u>Title</u> | <u>Name</u>                              | Address  | Type of Action  |
|--------------|--|--|-----------------|
| MGR_         | Odyssay Diversified Properties III, LL   | C 500 South Florida Avenue, Suite 700<br>Lakeland, Florida 33801 | Add<br>Remove   |
| MGR          | OC DIP, LLC                              | 500 South Florida Avenue, Suite 700<br>Lakeland, Florida 33801   | ✓ Add<br>Remove |
|              |  |  | Add Remove      |
|              |  |  | Add Remove      |
|              |  |  | Add<br>Remove   |
|              |  |  | Add<br>Remove   |
| D. If ame    | nding any other information, enter chang | e(s) here: (Attach additional sheets, if necessary.)             | _               |
| <u>-</u>     |  |  | - <del></del>   |
| -            |  |  | _               |
| Dated        | July 30,20                               | 010  |                 |
|              | 6  | Why O  | <u></u>         |
|              |  | uel A. Houghton, Sr.   |                 |
|              | Typed                                    | or printed name of signee  |                 |

Page 2 of 2

Filing Fee: \$25.00