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C. LEWIS

DEC 1 3 2010

EXAMINER

## COVER LETTER.

TO: Registration Section Division of Corporations				
SUBJECT: St. Petersburg Hoperty Owners, 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:				
Powline Gendrick Name of Person				
Firm/Company DWNERS LAC				
477 Corey Avenue				
St. Pete Beach, Fl 33706  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pauline Kendrick 11,363-1074				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \$\ \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \$\ \text{(additional copy is enclosed)} (additional cop				

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

2010 DEC 10 AM H: 83

Elizabeth Command

St. Peters by a Prox (Name of the Limited Lability Compa	by Owners, L	LANASSEE, FLUMING
(A Pforida Limited I  The Articles of Organization for this Limited Liability Company  Florida document number 197000 746.		Angu assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	• • •	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	51. PeteBlack,	Avenue =1 33706
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	447 Corey A St. Rete Beach,	renue FL 33706
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	diress
	City , Florida	Zip Code
	Cuy .	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 Title Type of Action <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Add Remove ∏ Add Remove Add 🗌 Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00