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## **COVER LETTER**

Division of Corporations					
SUBJECT: ZEPHYR - ALFA, LLC					
		ited Liability Company)	<u> </u>		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	James R. Powell				
		(Name of Person)			
	Powell - Link, L.L.C.				
		(Firm/Company)			
	3352 Perimeter Rd.				
		(Address)			
•	Palm City, FL 34990				
		(City/State and Zip Code)			
For further information cor	ncerning this matter, please c	all:			
	71				
James R. Powell		at ( 772 ) 283-2292			
(Name of	Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the	following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,		
<b>2</b> \$25.00 1 ming 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
			(additional copy is enclosed)		

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

(Name of the Limited Liability Company as it now appears on our records.)

**OF** ZEPHYR - ALFA, LLC

(A Fig	orida Limited Liability Company)			
The Articles of Organization for this Limited Liabi	lity Company were filed on 2/12/07	and assigned		
Florida document number L07000015628		c		
This amendment is submitted to amend the following	_	SECRETARY DIVISION OF DI 08 JUN 27		
A. If amending name, enter the new name of th	e limited liability company here:	<b>○</b> 10		
		OF STOR		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the de	esignation "LLC" or the abateviation		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:	registered office address on our recore address here:	ds, enter the name of the new		
New Registered Office Address:				
	(Enter Florid	(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 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>	<u>Name</u>	Address	Type of Action
MGR	Robert E. Powell	19176 SE Old Trail Drive West Jupiter, FL 33478	Add Remove
MGR	Charles W. Link, Jr.	3821 SW Ruark Street Port St. Lucie, FL 34953	
MGR	Antonia P. Link	3821 SW Ruark Street Port St. Lucie, FL 34953	
MGR	Dianne K. Powell	3352 Perimeter Rd. Palm City, FL 34990	Add Remove
			C Damaira
D. If a	mending any other information, enter c	hange(s) here: (Attach additional sheets, if neces	sary.)
•	The four added Managers bring the tot	al number of Managers to five including James R	. Powell.
	Any and all business transactions, incli	uding the transfer of real property, shall require th	e
	signature of three Managers providing	at least four of the Managers are alive and	
	competent. Only two Manager's signat	ures shall be required for all business transaction	s,
	including the transfer of real property, i	f fewer than four Managers are alive and compete	ent.
Dated s		ember or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00