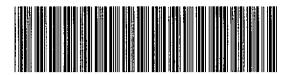
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EXAMINER



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06/11/09--01037--008 **55.00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LEE DEWEJOPMENT 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:			
Pum Smith Name of Person			
High D. Fish Jr Atter your at Law Firm/Company			
PO BOX 531, 34 5 Fifth 3+			
Macclenny Folian 32063 Christie and Zip Code hugh fish @ Setel. NEA Elfhail address: (to be used for future annual report notification)			
Elmail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (904) 259 - 6604 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status & \text{Certified Copy} \\ \text{(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 09.1/1/4

	OF	AM.
Name of the Limited Lia (A Flo	Johnson LLC bility Company as it now appears on original Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L070000</u> 140		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	•	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our re address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E [7]	
	Enter Flo	orida street address
_	<u> </u>	, Florida
	City	Zin 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 **Type of Action** Title Name **Address** ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated er or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00