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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: ZINNIA		ted Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence 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 co	oncerning this matter, please c	all:			
James R. Powell		at (_772_) 283-2292			
(Name o	f Person)	(Area Code & Daytime T	'elephone Number)		
Enclosed is a check for th	e 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

ZINNIA - DELTA, LLC	NZ PFR
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 2/12/07 and assigned
Florida document number L07000016181	
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, ,
	(City) , Florida (7in 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>	<u>Name</u>	Address	Type of Action
MGR	Robert E. Powell	19176 SE Old Trail Drive West Jupiter, FL 33478	
MGR	Charles W. Link, Jr.	3821 SW Ruark Street Port St. Lucie, FL 34953	Remove
MGR	Antonia P. Link	3821 SW Ruark Street Port St. Lucie, FL 34953	
MGR	Dianne K. Powell	3352 Perimeter Rd. Palm City, FL 34990	
			<b>=</b> ,
·			Remove
D. If a	•	change(s) here: (Attach additional sheets, if nece	
	Any and all business transactions, inc	otal number of Managers to five including James F cluding the transfer of real property, shall require t g at least four of the Managers are alive and	
,	competent. Only two Manager's signa	atures shall be required for all business transaction	ns,
	including the transfer of real property	, if fewer than four Managers are alive and compe	etent.
Dated <u>-</u>	<u>.</u>	2008  member or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00