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| (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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OR JUN 20 PH 12: 11
SEGRETARY OF STATE
ALLAHASSEE FLORIDA

T. HAMPTON

JUN 2 3 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corpora | | | | | | | |
|--|--|--|---|--|--|--|--|
| SUBJECT: | BUTLER | PROPERTIES, LLC Limited Liability Company) | | | | | |
| | (Name of | Limited Liability Company) | | | | | |
| The enclosed Articles of Amer | ndment and fee(s) are | submitted for filing. | | | | | |
| Please return all corresponden | ce concerning this ma | atter to the following: | | | | | |
| _ | Тонних | C. BUTLEK (Name of Person) | | | | | |
| - | BUTLER | PROPERTIES LLC (Firm/Company) | , , , , , , , , , , , , , , , , , , , | | | | |
| _ | 700 K | INGSTON COURT (Address) | | | | | |
| _ | APONO Z | (City/State and Zip Code) | - | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| (Name of Per | R. BUTC | at (813) 244 04 (Area Code & Daytime Te | 3 O Elephone Number) | | | | |
| Enclosed is a check for the fol | lowing amount: | | | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Statu | S 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

| BUTLER PROPERTIES, (Name of the Limited Liability Com (A Florida Limite | pany as it now appe | ars on our re | eords.) EI | ± 50 | 02650 |
|---|----------------------|----------------|------------------------|--|---------------|
| The Articles of Organization for this Limited Liability Compa | uny were filed on | 3 8 2 | 2007 aı | nd assigne | d |
| This amendment is submitted to amend the following: | | | | | |
| - | | | | | |
| A. If amending name, enter the new name of the limited li | iability company h | <u>ere</u> : | | | |
| BUTLER PROPERTY | | | | | |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Com | pany," the des | ignation "LLC" o | r the ch bre | viation |
| Enter new principal offices address, if applicable: | _ N/A | | SAME | | Π |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | | SSE | 원건 20 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | н/а | | Same | P# 12: 10 | <u>→</u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | our record | s, <u>enter the na</u> | me of th | e new |
| Name of New Registered Agent: | 4 - < | SAME | | | **** |
| New Registered Office Address: | (. | Enter Florida | ı street address) | ······································ | |
| | | , F | lorida | | ,- |
| | (City) | | (Zij | o 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 ar 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 |
| <u> </u> | | SAME | Add Remove |
| -, -, - | | | = , |
| | | | ≔ n |
| | | | Add Remove |
| | | | - Domesto |
| | | | |
| D. If amei | nding any other information, e | nter change(s) here: (Attach additional sheets, | if necessary.) |
| | N/A - >AM | | FILED 08 JUN 20 PM 12: 10 SECRETARY OF STATE FLORIDA |
| Dated J | Signature | of a member or authorized representative of a memb | er O |
| | | Typed or printed name of signee | Ja |

Page 2 of 2

Filing Fee: \$25.00