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G. MCLEOD

DEC 22 2008

EXAMINER

## **COVER LETTER**

Division of Co			
suвјест: <u>2500 D</u>		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kathleen Gray		
		(Name of Person)	
•	3		
•	<del>:</del>	(Firm/Company)	<del></del>
	P.O. Box 176157		
	ι	(Address)	<del>.</del>
	Ft. Mitchell, Kentucky 410	017	
		(City/State and Zip Code)	
For further information of	concerning this matter, please co	all:	
Kathleen Gray		at ( 239 ) 826-6988	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
S25.00 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2500 Del Prado LLC					
(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on ou Liability Company)	<u>r records.</u> )		
The Articles of Organization for this Limited L	iability Company	were filed on March 15,	2007 a	and assign	ıed
Florida document number L07000028131					
This amendment is submitted to amend the following.	lowing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
•					
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the	designation "LLC"	or the abb	reviation
:				8	SE(
Enter new principal offices address, if applicable:		1739 Golf Club Drive			<u> 오</u> 닭
(Principal office address MUST BE A STREI	ET ADDRESS)	Unit #1		- :	<del>- 의</del> 롭고
		North Ft. Myers, FL 33	903		
				H	المارية مارية
Enter new mailing address, if applicable:		1739 Golf Club Drive		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		Unit #1		జ	<u> </u>
·		North Ft. Myers, FL 33	1903		
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of ffice address her David Dwertm	<u>e</u> :	ords, <u>enter the na</u>	ame of t	<u>he new</u>
	4700.0.15.01	. 5			
New Registered Office Address:	1739 Golf Clu	b Drive, Unit #1 (Enter Flo	rida street address)	,	<del></del>
			_, Florida <u>33903</u>		
	140/01/1 t. Iviyel	(City)		ip Code)	<del></del>
Now Designated Agentle Clamatum (5-1)	D. 14 14 4	,	, —	/	

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

<u>Title</u>	Name	Address	Type of Action
MGR	Lionel Gray		Add Remove
MGR	Real Estate Holdings of N. KY,LLC		<b>∓</b> Add <b>Remove</b>
· · ·			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amendin	g any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
			_
			<del></del>
			_
Dated Decemb	er 1 1 4 , 2008	·	
	Kathleen Sha	w manage	
	Signature of a member	or authorized representative of a member	
	Real Estate Holdings of N	N. KY, LLC by Kathleen Gray, Mgc.	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00