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D. BRUCE
JUN 1 1 2009
EXAMINER

COVER LETTER

Division of	Corporations			
SUBJECT:	Pineapple G	rove Investors, LLC		
		ted Liability Company	<u> </u>	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	J	J. Kenneth McLendon		
		Name of Person		
	McLean Partners, Inc.		 _	
		Firm/Company		
	200 NE 2nd Avenue, # 407		TALL	20
		Address	AN ON	= 7
	Delray Beach, FL 33444		SECRETARY OF STATE LLAHASSEE, FLORID,	
		City/State and Zip Code	E COF	
	E-mail address: (1	mclendon@aol.com o be used for future annual report notificati	(S) (S)	O
For further information	on concerning this matter, please c	all:	38 NDA	
J. K	Cenneth McLendon	at (703) 79	5-4660	
Nan	ne of Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check for	or the 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 enc	
	AILING ADDRESS: gistration Section	STREET/COURIER Registration Section	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

Pineapple Grov	<u>re Investors, LLC</u>	
(Name of the Limited Liability Comp (A Florida Limited	<u>pany as it now appears o</u> Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Compar Florida document numberL07000035859		4/04/07 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
McLean Pa	rtners, LLC	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AS S
		LAR LAR
		HAN SE TI
Enter new mailing address, if applicable:		SE O
(Mailing address MAY BE A POST OFFICE BOX)		## 3 111
		G & 25
		10 S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	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 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 = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	09 JUN 10 PH 12: 38
Dated	Signaturofa mam	Der or authorized representative of a member	78 ————————————————————————————————————
	J. KENNET	14 Malendon ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00