

11/5/2013 08:00

TO: 1201176383

FROM: 877 646 0560

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Division of Corporations

Page 1 of 1

L07000039893

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NICI LAW FIRM, P.L.  
Account Number : I20110000008  
Phone : (239) 449-6150  
Fax Number : (877) 646-0560

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
U.S. 41 OF SARASOTA, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$60.00 |

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Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**U.S. 41 Sarasota, LLC**

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 13, 2007 and assigned  
Florida document number L07000039893

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**2601 Tamiami Trail South**

***(Principal office address MUST BE A STREET ADDRESS)***

**Sarasota, Florida 34239**

**Enter new mailing address, if applicable:**

same

***(Mailing address MAY BE A POST OFFICE BOX)***

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

**Enter Florida street address**

**Florida****Florida****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 = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                                      | <u>Type of Action</u>  |
|--------------|------------------------|---|--|
| MGR          | David W. Shoemaker     | 1350 East Venice Avenue<br>Venice, Florida 34285    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Sirena Management, LLC | 2601 Tamiami Trail South<br>Sarasota, Florida 34239 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 15, 2012



Signature of a member or authorized representative of a member

David W. Shoemaker, as Trustee of the David W. Shoemaker Revocable Trust  
Typed or printed name of signee dated 12/22/92, Member

013 MAY 21 PM 12:21  
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OFFICE OF THE CLERK  
STATE OF FLORIDA