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SECRETARY OF STATE

T. CLINE
APR 13 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT:					
	Name of Limi	ted Liability Company			
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	······································				
38068 Daughtery Road					
	_				
Zephyrhills, FL 33540 City/State and Zip Code				ZA SI	
· · · · · · · · · · · · · · · · · · ·				2011 APR 12 SECRETARY ALLAHASSE	يديرق غان
Concirectr@aol.com E-mail address: (to be used for future annual report notification)				¥2 38	\$
For further information of	concerning this matter, please of	eall:		1.1	m
Jame	es H. Bingham	at (_813)_	782-5600	FLO	
	of Person		nytime Telephone Number	AM # 20 OF STATE E. FLORIDA	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		Status &	

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

	Otter Park Pr	operties, LLC			
(<u>N</u> s	me of the Limited Liability Comps (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization	for this Limited Liability Company	were filed on	May 11, 2007	and assigned	
Florida document number	L07000050864				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited lial	oility company her	<u>re</u> :		•
The new name must be distingu	ishable and end with the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices	address, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)			SE OR	المرابعة
				ARE A	
Enter new mailing address,	if applicable:			2 RY O	1
(Mailing address MAY BE A	POST OFFICE BOX)			TLS T	£
				AIE ORIDA	
	ered agent and/or registered o new registered office address her		our records, <u>enter t</u>	he name of the new	
Name of New Regis	tered Agent:				
New Registered Off	ice Address:				
		En	ter Florida street addı	ress	
		City	, 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 Address Type of Action Title Name MGR LT Group, Inc. 700 W. Granada Blvd, Ste 203 ☐ Add Ormond Beach, FL 32174 Remove Seibert, Stephen MGR 1189 N. Halifax Avenue ☐ Add Remove Daytona Beach, FL 32118 ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary 25 **Note- The two parties listed above are currently Managing Members. The purpose of this amendment is to change the status of LT Group, Inc. and Seibert, Stephen to Managers. March 30 2011 Dated ___ Signature of a member or authorized representative of a member James H. Bingham, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00