

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : I20010000146

Phone : (407)679-6171 Fax Number : (407)679-3810

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SUNGATE CARLYLE, LLC

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7/8/2008



July 9, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

HADDOCK PROFESSIONAL ASSOC

SUBJECT: CREEKSIDE CABIN, LLC

REF: W08000032431

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

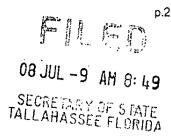
Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call, (850) 245-6067.

Neysa Culligan Document Specialist FAX Aud. #: H08000168254 Letter Number: 608A00040409

P.O BOX 6327 - Tallahassee, Florida 32314



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNGATE C	ARLYLE, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/26/2007	and assigned
Florida document number L07000087029		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SPRING CREEK	CABIN, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."		C'' or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, enter the	e name of the nev
Name of New Registered Agent:	·	·
New Registered Office Address:		
	(Enter Florida street addr	ess)
	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agenthe provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	lete performance of my duties, and I an provided for in Chapter 608, F.S. Or, if	n familiar with and this document is

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

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 = MGRM	- Manager I = Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
,\			Add Remove
 	<u></u>		Add Ramove
	 ,		Add Remove
			Add Remove
			Add Remove
D. If a	mending any other informatio	n, enter change(s) here: (Attach additional shee	
			SECRETARY ALLAHASSE
Dated _	1.7	, 2008	SSEE FLORIDA
	0	J. BROCK MCCLANE Typed or printed name of signee	
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