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SECRETARY OF STATE

D. BRUCE
NOV 1 2 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE						
SOBOL						
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please 1	return all corresp	ondence concerning this matter	to the following:			
			John Doyle Name of Person			
		Doyle 8	McGrath Real Estate, LLC			
	Firm/Company					
	19005 N Dale Mabry Hwy					
	Address Lutz, FL 33548					
	City/State and Zip Code					
	john@doylemcgrath.com E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of	•	PILED 09 NOV 10 PM 12: 22 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
· ·		John Doyle of Person	at (813) 376-5369 Area Code & Daytime Telephone N	<u> </u>		
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ess:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laior & Laior F (Name of the Limited Liability Compar (A Florida Limited L	Redfern, LLC ny as it now appears iability Company)	on our records.	,	
The Articles of Organization for this Limited Liability Company Florida document numberL0700068078	were filed on	6/28/2007	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here	:		
Redfern Three				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compan	y," the designation	n "LLC" or the al	obreviation
Enter new principal offices address, if applicable:	3737 Marywea	ather Lane		
(Principal office address MUST BE A STREET ADDRESS)	Wesley Chape	el, FL 33544-7	09 NOV 10	Ţ
Enter new mailing address, if applicable:				m
(Mailing address MAY BE A POST OFFICE BOX)			STATE FLORIDA	D
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ır records, <u>ent</u> e	er the name of	the new
Name of New Registered Agent:			·· NO. 15**	
New Registered Office Address:	17	Fig. 1. 1		
•	Enter Florida street address			
	City	, Florida	Zip Code	
New Projectored Agent's Signature if shanging Degistered Agents	Cuy		ыр Сойе	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	T S PE
-			ILED IO PHE 22 ARY OF STATE SEEL FLORIDA
 Dated	November 7, 2009		
	,		
-	Signature of a member	for authorized representative of a member	<u> </u>
	Typed	John Doyle or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00