00000000000098

| Ĺ | | |
|-------------------------|-------------------|-------------|
| (Re | questor's Name) | |
| • | | |
| (Ad | dress) | |
| | | |
| (Address) | | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | s of Status |
| , | • | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| ! | | |
| | | |
| | | Í |
| L | | |

Office Use Only



800132711528

07/17/08--01016--006 **25.00

SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS
JUL 1 8 2008
EXAMINER

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|---------|--------------------------------------|---|--|---|----------|
| SUBJI | ЕСТ: | | ted Liability Company) | | |
| • | | (Name of Limi | ted Liability Company) | | |
| The en | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | |
| | | H, 4 | OESLEY DEEDS (Name of Person) | · | |
| | | | (Firm/Company) | 08 JUL 17 AH ID: 16 | <u>:</u> |
| | | | NW GO TERR (Address) | THE PLONE | |
| | | Toma | RAC FL 3332/ (City/State and Zip Code) | - On | |
| For fu | ther information co | oncerning this matter, please or | all: | | |
| | WES (Name o | DEEDS f Person) | at (<u>954</u> <u>220</u> <u>44</u> (Area Code & Daytime T | Celephone Number) | |
| Enclos | ed is a check for th | e following amount: | | | |
| \$ \$25 | 5.00 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 enclosed) | |
| | | | | | |

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

| · 1+w | O LOTS LLC | |
|---|--|-----------------------------|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number | | and assigned |
| Fiorida document number | _• | |
| This amendment is submitted to amend the following: | | 808 |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| DEEDS LOTS | LLC | 题二言 |
| The new name must be distinguishable and end with the word "L.L.C." | ds "Limited Liability Company," the designatio | n "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 95 |
| (Principal office address MUST BE A STREET ADDRE | ESS) | St. o. |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u></u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | | er the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter Florida street | t 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 = M MGRM = | anager Managing Member | | |
|-------------------|--|---|------------------|
| <u>Title</u> | Name | Address | Type of Action |
| • | | | دن ۵ 🖚 |
| • | | | Add ☐ Remove |
| | | | |
| | | | Add _ Remove |
| | | | |
| | | | Add |
| | | | Remove |
| | | | 「¶ Add |
| | | | Remove |
| | | | |
| | | | Add Remove |
| | | | FEB 1 |
| | | | Add Remove STATE |
| | | | |
| D. If ame | nding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | STATE OF 16 |
| _ | | | _ |
| | | | |
| | | | |
| _ | <u> </u> | | |
| | | | |
| Dated | , | | |
| | | Der lay Docks | |
| | Signature of a membe | r or authorized representative of a member | |
| | Typed | SLEY DEEDS For printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00