Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : STUMP, DIETRICH & SPEARS, P.A.

Account Number : I20000000161

: (407)425-2571

Fax Number

: (407)425-0827

**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 PHOENIX RETAIL PARTNERS, LLC

Certificate of Status	0
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T. CLINE

SEP 2 3 2010

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Corporate Filing Menu

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September 22, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PHOENIX RETAIL PARTNERS, LLC 37 NORTH ORANGE AVENUE SUITE 204 ORLANDO, FL 32801US

SUBJECT: PHOENIX RETAIL PARTNERS, LLC

REF: L07000079999

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Tammi Cline Regulatory Specialist II FAX Aud. #: H10000208577 Letter Number: 410A00022501 STUMP DIETRICH & SPEARS

ARTICLES OF AMENDMEN TO ARTICLES OF ORGANIZATION OF

	Ph	oenix Retail Partners, LL	.C	<u></u> _		
(Nan	e of the Limited	H. Liability Company as It now appear A Florida Limited Liability Company)	irs on our records.)			
The Articles of Organization fo	r this Limited I	iability Company were filed on	08-03-2007	and assigned		
Florida document number						
This amendment is submitted t	o amend the fol	lowing:				
A. If amending name, <u>enter t</u>	the new name (of the limited liability company he	ere:			
The new name must be distinguis "L.L.C."	hable and end w	ith the words "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation		
Enter new principal offices a	ddress, if appli	cable:		70 0		
(Principal office address MUS				S S		
				P 22 ASSET		
Enter now molling address i	f annlicable?			MON TO		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
Transfer Manual Control of the Contr				Drift Gr		
B. If amending the registe registered agent and/or the n		Vor registered office address on office address here:	our records, <u>enter</u>	the name of the new		
Name of New Regist	ered Agent:	Jeffrey L. Pocklington				
New Registered Offic	ce Address:	37 North Orange Avenue, Suite 204				
		E	Enter Florida street ad	dress		
		Orlando	, Florida	32801		
		City		Zip Code		
Many Designand Agent's Signat	ura ifakandina	Desistered Assets				

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 ull 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

SEP-	-22	<u>-</u>	2010	16:01

STUMP DIETRICH & SPEARS

407 425 0827

If amending the Managers or Man g Members on our records, enter the toname, and address of each Manager or Managing Member being added on removed from our records;

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MGR = Manager MGRM = Managing Member

<u>Title</u>	Name'	Address	Type of Action
MGRM	Dietrich, D. Paul	37 North Orange Avenue, Suite 200 Orlando, FL 32801	Add Remove
	· .		Add Remove
			Add Remove
A CONTRACTOR OF THE PARTY OF TH			Add Remove
		F	Add Remove
			Addr CO
D. If amendin	g any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
			<u>-</u>
Dated	September 21	2010	 _ _
-		Wa	
_	Je	effrey L. Pocklington	
	Тур	ed or printed name of signee	

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Filing Fee: \$25.00