

LD7000101177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

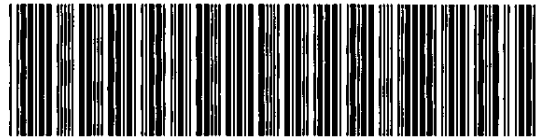
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sycamore Acres, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jonathan L. Auvil**  
(Name of Person)

**Johnson Auvil Brock & Wilson PA**  
(Firm/Company)

**Post Office Box 2337**  
(Address)

**Dade City, FL 33526-2337**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Kari Surratt** at ( 352 ) 567-2500 x 1131  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Sycamore Acres, LLC

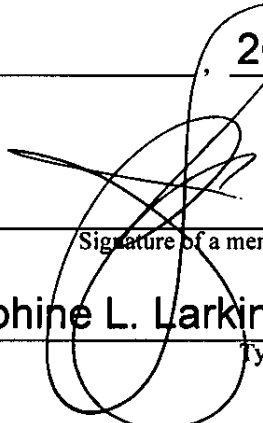
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on October 4, 2007 and assigned document number L07000101177.

**SECOND:** This amendment is submitted to amend the following:

The name of the LLC from Sycamore Acres, LLC, to:  
SYCAMORE TRACE ESTATES, LLC

Dated October 5, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Josephine L. Larkin

\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 OCT 10 PM 12:37

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**Filing Fee: \$25.00**