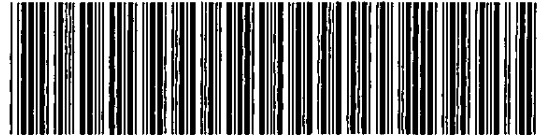


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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 7175 A1A South, 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:

Sandra L. Zabelinski  
(Name of Person)

Jonathan H. Green & Associates, P.A.  
(Firm/Company)

799 Brickell Plaza, Suite 700  
(Address)

Miami, Florida 33131  
(City/State and Zip Code)

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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Sandra L. Zabelinski at ( 305 ) 372-5100  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 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

7175 A1A South, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on November 14, 2007 and assigned document number L07000115272.

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

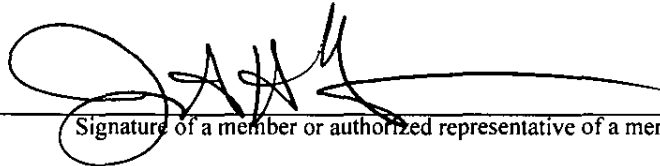
Article IV- Management

7175 A1A South, LLC is to be managed by two (2) members and  
is, therefore, a co-member managed company. The names and addresses  
of the Managing Members are as follows:

LEAVITT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, Co-Manager /Member

NOCERINI FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, Co-Manager /Member

Dated November 20, 2007.



Signature of a member or authorized representative of a member

Jonathan H. Green & Associates, P.A.

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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