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 Division of Corporations  
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**To:**

Division of Corporations  
 Fax Number : (850) 617-6383

**From:**

Account Name : CORPORATION SERVICE COMPANY  
 Account Number : 120000000195  
 Phone : (850) 521-1000  
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CLO

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SERVANT HEALTHCARE INVESTMENTS (LAUREL CREEK), LLC**

Certificate of Status	0
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**D. BRUCE**

AUG 5 2008

**EXAMINER**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SERVANT HEALTHCARE INVESTMENTS (LAUREL CREEK), LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 20, 2007 and assigned  
Florida document number L07000117099

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City), Florida (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:

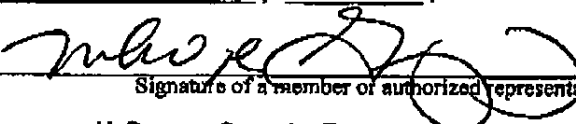
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGMR	Outer Marker Properties, LLC, a Georgia limited liability company	6300 Powers Ferry Road Building 600, Suite 186 Atlanta, Georgia 30339	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Servant Healthcare Investments Growth Fund I, LLC	1000 Legion Place, Suite 1650 Orlando, Florida 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 4, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
N. Dwayne Gray, Jr., Esq.  
\_\_\_\_\_  
Typed or printed name of signee

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