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SECRETARY OF STATE

COVER LETTER

TO: , Registration Section
 Division of Corporations

SUBJECT: LEEBOULEVARDRETAIL ONE, 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:

Ruel ELCis
(Name of Person)

Lee Boulevard Retail One LL (Firm/Company)

56492Nd St Suite III

(Address)

Lehigh Acers, FL 33971

(City/State and Zip Code)

For further information concerning this matter, please call:

Name of Person) at (239) 770.2662 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

S55.00 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

LEEBOULEVARD Retail ONE 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		
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:	LEEBOULEVARD RETAILONELLC	
(Principal office address MUST BE A STREET ADDRESS)	5649 2ndst Suffe Bl	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lenigh Acer's FC = 133 A 7/Th	
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:	ELLis	
New Registered Office Address: 5649	2nd St Suite 1/2 (Enter Florida street address)	
Lehiq	LACE'S, Florida 33971 (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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action 366) Trewe Ave Remove Remove Add Remove 11696 EWAR mouth ct Add Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 12/10/08 a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00