L07000120938

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SECRETARY OF STATE



COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	SafeHarbor III, LLC
	(Name of Limited Liability Company)
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Michael C. Auchampau, Esquire (Name of Person)
	(Table V) Folkery
	Lamont & Auchampau, P.A.
	(Firm/Company)
	Post Office Box 6026
	(Address)
	Clearwater, FL 33758
	(City/State and Zip Code)
For further information of	concerning this matter, please call:
Michael Auc	hampau al(727) 772-7344
(Name	hampau at (727) 772-7344 (Area Code & Daytime Telephone Number)
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 JAN - 2 AM 10: 41 SECRETARY OF STATE TALLAHASSEE FLORIDA

SafeHarbor III, LLC (Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company were filed on12/0	5/07 and assigned	
Florida document number <u>L07000120938</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company bere:		
SafeHarborHR III, LLC		
The new name must be distinguishable and end with the words "Limited Liability Company," th "L.L.C."	e designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered office address on our re- registered agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
(Enter Fle	(Enter Florida street address)	
	Dlankta	
(Ci(v)	, 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 the provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address, I hereby conficempany has been notified in writing of this change.	duties, and I am familiar with and 608, F.S. Or, if this document is	
All Changing Degictanul Agent Sig	vature of New Registered Agent)	

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>'itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
. If amen	ding any other information, ente	r change(s) here: (Attach additional shee	as, if necessary.)
_			08 JAN -2 AM IO: 41 SECRETARY OF STATE ALL AHASSEE FLORIDA

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Filing Fee: \$25.00