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COVER LETTER

Divis	ion of Corpor	ations					
SUBJECT: _	Lockw	100D VILLAGE	E PLAZA	MANAGEME	INT, LL	C	
_			mited Liability Cor			•	
The enclosed A	Articles of Am	endment and fee(s) are s	submitted for filing.				
Please return a	ill corresponde	ence concerning this matt	ter to the following	:	•	型がる	
						H	1-18000
		Seymour	Name of Pe	-Y		55	
	_		Name of Pe	rson		Ha R	M
						SEE FLOR	
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	_	COPAL	SPRINGS	, 12 33	433		
			City/State and Z	Lip Code			
		E-mail address	: (to be used for futur	re annual report notificati	ion)		
For further inf	ormation conc	erning this matter, please	e call:				
_	^	ر ا م	_				
god wo	Name of Pe	nsky	at (<u>4</u> 5)	4) 708 - 11 (Area Code & Daytime Te	00		
l	Name of Pe	rson		Area Code & Daytime To	elephone Number	,	
Enclosed is a	check for the fo	ollowing amount:					
∠ \$25.00 Fili	ng Fee 〔	□\$30.00 Filing Fee & Certificate of Status			Certified	te of Status &	sed)

TO:

Registration Section

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

LOCKWOOD V	LILLAGE PLAZA MANAGEMENT LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number \(\bullet 07000 \ 264	ompany were filed on 12.21.2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GF STAN
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 7in 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.

f amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed JUNE	3rd 2012
	1/10
	Signature of a member or authorized representative of a member
	Seymour Ravins Ky
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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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 <u>Name</u> Address **Type of Action** LOCKWOOD VILLAGE 7501 WILES RD STE 205 Add MGR PLAZA MANAGER GORP. CORAL SPRINGS, FL 33067 7501 WILES RD STE 205 Add REAL ESTATE MGR. PROFESSIONALS MORTGAGE CORAL SPRINGS , FL 33067 1 CORP. Remove M Remove Remove Remove