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| PICK-UP WAIT MAIL | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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D. BRUCE

SEP 29 2008

EXAMINER

COVER LETTER

| TO: Registration Sect Division of Corpo | | | | • |
|--|---|--|---|------------------------------|
| SUBJECT: | Caribbea (Name of Limi | n Towers, LLC ted Liability Company) | | |
| The enclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspond | dence concerning this matter | to the following: | | |
| | Fred A. I | Hendricks Jr. (Name of Person) | | |
| | | (Firm/Company) | | |
| | 1616 W. | rightson Drive | SECF | 2008 S |
| | Mc Leav | City/State and Zip Code) | AHASSEE | FILED 2008 SEP 29 PM 5: 1 |
| For further information con | cerning this matter, please ca | ıll: | F STATE, FLORIDA | i i i i |
| 190 - Segon | relet f. f. d. Ave. Sout TSback FL = | at (<u>121) 551-06</u> (Area Code & Daytime To AL, Suite 303, So 33101 | 85 elephone Number) outh To we | ۳. |
| Enclosed is a check for the | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is | |

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2008

FRED A. HENDRICKS, JR. 1616 WRIGHTSON DRIVE MCLEAN, VA 22101

SUBJECT: CARIBBEAN TOWERS, LLC

Ref. Number: L08000004003

We have received your document for CARIBBEAN TOWERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 608A00050118

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Caribbean | | <u> 275.</u> | LLC | | |
|--|------------------------------------|-----------------|--|------------------|------------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ix as it now ap lability Compar | pears on ny) | our records. |) | |
| The Articles of Organization for this Limited Liability Company | were filed on | Jan | . (1, 20 | 0 8 and a | ssigned |
| Florida document number <u>L 08 00000 4 003</u> . | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company | here: | PARAD | ISE TOWE | rs- S e minole, w |
| | owers. | 1 | <u> </u> | | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | led Liability Co | mpany," | the designation | on "LLC" or th | c abbreviation |
| Enter new principal offices address, if applicable: | 1616 | - WR | 16HTSD | DRIVE | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | Wc Ti | FAN | \ A_ | ZHO! | 8 |
| | | | <u>. </u> | <u>₽</u> ₽ | |
| | | | | ASS | 29 |
| Enter new mailing address, if applicable: | _1616 | WRI | GHTSON | Deve | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | MCLEA | И, | _AV_ | 2270] | 3 7 |
| | | | | OR THE | |
| | _ | | |) (4) | ** |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | on our | records, <u>ent</u> | er the name | of the new |
| Tegnered agent and the new regarding owner made as | z. | | | | |
| Name of New Registered Agent: | | | | | |
| Name the solution of Office Addresses | + • •••• | • | | | • |
| New Registered Office Address: | | (Enter | Florida stree | t address) | |
| | , Florida | | | | |
| | (City) | - | , E.101101 | (Zip C | (ode) |
| 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 affice 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)

Page 1 of 2

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 = Ma $MGRM = N$ | inager Managing Member | | · |
|---------------------|---------------------------------|---|-------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, ent | ter change(s) here: (Attach additional sheets, if necessa | 77.) 2008 |
| | | | FILED SEP 29 PM 5: I |
| Dated | September 9 | , <u>2008</u> | 15: 14 STATE: 14 |
| | Signature of | a member or authorized representative of a member Mary Sue Beeler Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00