

12/28/2009 14:50 FAX

Division of Corporations

L08000012909

LEOPOLD KORN & LEOPOLD, P.A.

001/003

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6303

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305) 935-3500
Fax Number : (305) 935-9042

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OAKLAND 64 DEVELOPMENT PARTNERS, LLC**

| | |
|-----------------------|---------|
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Corporate Filing Menu

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

FILED
09 DEC 28 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OAKLAND 64 DEVELOPMENT PARTNERS, 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 02/05/2008 and assigned
Florida document number L08000012909.

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)

6065 Roswell Rd. NE, Suite 250

Sandy Springs, GA 30328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6065 Roswell Rd. NE, Suite 250

Sandy Springs, GA 30328

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

Florida

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

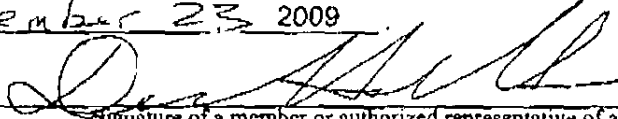
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGR | Scott M. Sheron | 111 N. Pine Island Road Suite 202 Plantation, FL 33324 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Russell Holcombe | 6065 Roswell Rd. NE, Suite 250 Sandy Springs, GA 30328 | <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.)

Dated

December 23, 2009



Signature of a member or authorized representative of a member

DENNIS HOLCOMBE, Manager

Typed or printed name of signer

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Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

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