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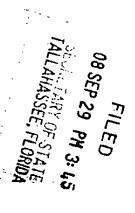
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B. KOHR

SEP 30 2008

EXAMINER



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:GOV	ERNOR'S SQUARE HOLDING, (Name of Limite	ed Liability Company)	
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.	
Please return all corre	spondence concerning this matter to	the following:	
	AMY N. HORNE		
		(Name of Person)	ES SP T
	SMITH, THOMPSON, S	HAW & MANAUSA, PA	29 [
		(Firm/Company)	
	3520 THOMASVILLE R	OAD FOURTH FLOOR	بيد
		(Address)	- James
	TALLAHASSEE, FL 3	32309	
		(City/State and Zip Code)	
	on concerning this matter, please cal	1:	
AMY N. HORNE (Name of Person)			elephone Number)
Enclosed is a check for	or the following a		
Sk \$25.00 Filing Fee	Certific.	F-725	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	2661 Executive (Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOVERNOR'S SQUARE HOLDING, 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 __FEBRUARY_7, Florida document number L08000013418 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: 7156 SHADY GROVE WAY TALLAHASSEE, FL 32312 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. BOX 15877 TALLAHASSEE, FL 32317-5877 (Mailing address MAY BE A POST OFFICE BOX) 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)

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.

(City)

(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 **Type of Action Address Title** Name AMB DEVELOPMENT AND CONSTRUCTION, LLC P.O. BOX 3803 .□ Add MGRM_ TALLAHASSEE, FL 32315 XX Remove P.O. BOX 15877 MGRM PYRAMID ESTATES, LLC xxX Add TALLAHASSEE, FL 32317-5877 Remove 🗂 Add Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9-23 2008 Signature of a member or authorized representative of a member SUSAN 5. THOMPSON
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00