10800019020

(Requestor's Name)			
(Address)			
(Address)			
(13.123)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Control Couries Control Control			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

G. MCLEOD

JUN 17 2008

EXAMINER



500131226065

Administration of the second

06/16/08--01009--016 **30.0

08 JUN 16 PM 3: 31

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Laude Rdale Deach Properties (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy W. James (Name of Person)
Lauderdur Seach Properties
3419 Galt OCEAN DOVE
Fort Landadale F). 33308 (City/State and Zip Code)
For further information concerning this matter, please call:
Many W JAMCS at (AC4) 565-2900 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF	FILED RY OF STATE CORPORATION
08 JUN 16	PM 3: 31

U	r	" " 3: 31	
(Name of the Limited Liability Compa (A Florida Limited	ch Popette iny as it now appears on our red Liability Company)	cords.) LLC	
The Articles of Organization for this Limited Liability Company	were filed on $2-\lambda_0^2$	200 and assigned	
Florida document number <u>LO 90000 /9020</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	3419 Galt 1	DEAN Drive	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lander	-dale, fl 33308	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3419 Galt Forthanderda	OCEAN DIVE	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		-	
	(Enter Florida street address)		
	, FI <i>(City)</i>	orida (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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR'= Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Va <u>vager</u>	Linda L. GENTILE	1010 Seminole Prine 14/1 Folt Landerdale, Fl. 33	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
	June 12, 200	08.	_ _
Dated	Signature of a member	or authorized representative of a member	
	, A 14-00 CO	w. JAMES or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00