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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HADDOCK FROFESSIONAL ASSOCIATION

Account Number : 120010000146 : (407)571-3900 : (407)571-4390 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

lori lofullsail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L14B, LLC

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## **COVER LETTER**

TO: Registration: Division of Co	Section orporations			
SUBJECT:	L	14B, LLC		
		ited Liability Company		
The enclosed Ameles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
				٠
		Lori Ann Linn		
		Name of Person		
	Haddo	ck Professional Association		
		Finn/Company		温。 =
	3300	University Blvd., Suite 218		A C
		Address		APR Alla
				-6 SSS
	Wir	iter Park, Florida 32792		
		City/State and Zip Code		
	H-mail address (	loril@fullsail.com to be used for funce annual report notifica	(top)	AH 8: 36 OF STATE FLORID
For further information	concerning this matter, please o			10 A
	Lori Linn	w (407 ) 5	71-3908	
Name	of Person	at ( 407 ) 5	'elephone Number	_
Enclosed is a check for t	he following amount:			
S25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fo Certificate of S Certified Copy (additional cop	tatus &
Registr	ANG ADDRESS: ration Section of Corporations	STREET/COURIER Registration Section Division of Corporati		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallubassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L14E	3, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as I now appe	ars on our records.)	
(A Libidik Finited	Listonny Company	,	
The Articles of Organization for this Limited Liability Compar	y were filed on	March 11, 2008	and assigned
Florida document number L08000025659			
•			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
LN2,	LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."		pany," the designation "LL	C" or the aboreviation
Enter new principal offices address, if applicable:			-
(Principal office address MUST RE A STREET ADDRESS)			
	· · · · · · · · · · · · · · · · · · ·		F 3
Enter new mailing address, if applicable:			S
(Mailing address MAY BE A POST OFFICE BOX)		····	THE P
•			<u>≅</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, enter the	name of the acay
repistered agent and/or the new regimeren ordes address de	īĒ:		
N			
Name of New Registered Agent:	<u></u>		
New Registered Office Address:			
	E	uer Florida stre <mark>et</mark> addre.	55
		. Florida	j
	City	, 2 47-1001	Zip Code
Many Decistored Agentle Staneture If changing Beststaned Agent			1

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

MGR = Manager

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:

<u>tic</u>	Name	Address	Type of Action
GR_	SunGate Florida LLC	3300 University Blvd., Suite 218 Winter Park, Florida 32792	[7] Add Remove
· 			
			Add Remove
<del></del>			Add
<u> </u>			Add Remove
If amend	ling any other information, enter the	nnge(s) here; (Attach additional sheets, if necessary	10 APR -6
 ed			AH 8: 36  OF STATE FLORIDA
		ber or authorized representative of a member BROCK MCCLANE	

Filing Fee: \$25.00