Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC

Account Number : 102336001100 Phone : (239)649-3101 Fax Number : (239)430-3344

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

CF STATE

1 Address: LHOP & CITIAN COIN

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LJDB PROPERTIES, LLC

Certificate of Status	Û
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. Cuttigan MAY \_ 6 2011 5/5/2011

OIVISION OF CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	LJDB Properties, LLC (1) Liability Company as it now appeal (2) A Florida Limited Liability Company)	3 on our records.)	<del> </del>	
The Articles of Organization for this Limited L Florida document number L0800002		03/24/2008	and assigned	
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered o		ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	CLASP, INC.			
New Registered Office Address:	istered Office Address: 3001 Tamiami Trail North, Suite 400  Enter Florida street address			
	Naples	, Florida	34103	
	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 Rogistered Agont, Singature of New Registered Agent

Page 1 of 2

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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

Title	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Lea Ann Y. Reeves	8591 Belle Meade Drive Fort Myers, Florida 33908	Add Remove
MGR_	Lea Ann Y. Reeves	8591 Belle Meade Drive Fort Myers, Florida 33908	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
D. If amend	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	py.)
			SECRETARY OF VISION OF CORP
Dated	May 5	2011 U. R	OF STATE OR ATIONS
	,	Lea Ann Y. Reeves yped or printed name of signee	
		D 2 42	

Page 2 of 2

Filing Fee: \$25.00

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