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: BROAD AND CASSEL

Account Number : 119990000010 Phone

; (561)832-3300

Fax Number

: (561)655-1109

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## 1015 OLD OKEECHOBEE ROAD, LLC

Jr. .

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D. BRUCE

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**EXAMINER** 

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(Zip Code)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1015 OLD OKEECHOBEE ROAD, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Plorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 4, 2008 and assigned

Plorida document number L08000034663

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"

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC"

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)

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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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jerome J. Sullivan	991 Stinson Way, Suite 40 West Palm Beach, FL 334	Add 11. Add Remove
			_ ×
			— D
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, ent	er change(s) here: (Attach additional sheets,	if necessary.)  SEGNETARY ALLAHASSEE
Dated April	10 France (U)	2008	AM 8: 49 FLORIBA
	Signature of	a member or authorized representative of a member.  Authorized Representative  Typed or winted name of signes.	Der .

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