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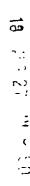
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COVER LETTER

SOUTHER SUBJECT:	RN BREEZE LIVING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEANNETTE M. DEAN		
		Name of Person	
	SOUTHERN BREEZE LI	VING. LLC	
		Firm/Company	
	18 WOODWARD LANE		
		Address	
	PALM COAST, FL 32164		
		City/State and Zip Code	···
	southernbreeze@pcfl.net E-mail address: (i	to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please co	dl:	
JEANNETTE M. DEAN	Į.	386 931-6729	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 04/09/2008	and assigned
Florida document number L08000036307	
This amendment is submitted to amend the following:	

This affection is submitted to affecte the following.	
A. If amending name, enter the new name of the limited liabi	lity company here:
	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

THE A STATE OFFICE A 4. THE A ST

Name of New Registered Agent:	JEANNETTE W. DEAN	
New Registered Office Address:	Enter Florida street ad	ldress
	Cuy	, Florida

New Registered Agent's Signature, if changing Registered Agent:

SOUTHERN BREEZE LIVING, LLC

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DENNIS F. DEAN		
			Remove
			☐ Change
MGR	JEANNETTE M. DEAN		■ Add
			☐ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change

	
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ffective date, if other than the date of filing: (option	filing.) Pursuant to 605,020
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Filing Fee: \$25.00