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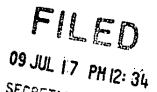
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COVER LETTER

	stration So sion of Co	ection porations		
SUBJECT:		1225 THOM	ASINA DRIVE, LLC	
		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
			William Glenn Roy, III Name of Person	
		Т	he Roy Law Firm, PL	
			Firm/Company	
			Address	
		Altar	monte Springs, FL 32714 City/State and Zip Code	
		E-mail address: (egan@roylawfirm.com to be used for future annual report not	ification)
For further inf	ormation c	oncerning this matter, please of		,
		n Glenn Roy, III	at (_407_)	869-1414
-	Name	i reison	Arca Code & Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:	. ••	
\$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
, 4 *	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1225 THOMASINA DRIVE, LLC

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

The Articles of Organization for this Limite	ed Liability Company were filed on	May 19, 2008	and assigned
Florida document number L08000	0049970		
This amendment is submitted to amend the	following:		
A. If amending name, enter the new name	ne of the limited liability company	<u>here</u> :	
The new name must be distinguishable and en "L.L.C."	d with the words "Limited Liability Co	ompany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if ap	pplicable:		
(Principal office address MUST BE A ST	REET ADDRESS)		
Enter new mailing address, if applicable	:		
(Mailing address MAY BE A POST OFF)			
B. If amending the registered agent a registered agent and/or the new registered	und/or registered office address o	on our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addr	ess
		, Florida	
	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 Registered Agent, Signature of New Registered Agent

MGR = M MGRM =	anager Managing Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Darlene Fette	12064 Sandy Shores Dr. Windermere, Florida 34786	Add Remove
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
O. If amen — —	nding any other information, ento	er change(s) here: (Attach additional sheets, if neces:	09 JUL SECRE
			17 PM 12: 34 ARY OF STATE ASSEE FLORIDA
Dated	Suly K	2009.	

Page 2 of 2

Filing Fee: \$25.00