L08000050457

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J. BRYAN

MAY 27 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	•	
SUBJECT: 16 And	Irews TEN LLC			+
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Richard H. Critchfield			
		(Name of Person)		
		(Firm/Company)		0 9
1001 East Atlantic Avenue, Suite 201				SECILETARY JAVISION OF CO
	Delray Beach, Florida 33	(Address)		23 P
	Dellay Beach, Florida 30	(City/State and Zip Code)		STA ORA 3
For further information	concerning this matter, please of	call:		PH 3: 33
Kathryn S. Douglas		at (_561_) 279-0322		
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy	atus &
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

16 Andrews TEN LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 5/20/08 The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number L08000050457 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" or the abbreviation "L.L.C." 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, 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)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of	<u>Action</u>
MGR	Mark T. Walsh	1001 East Atlantic Avenue Suite 202 Delray Beach, Florida 33483	Add Remo	ve
MGR	Michael P. Walsh	1001 East Atlantic Avenue Suite 202 Delray Beach, Florida 33483	Add Remo	ve
MGR	William J. Walsh	1001 East Atlantic Avenue Suite 202 Delray Beach, Florida 33483	n∰ Add □ Remo	ve
MGR	Richard C. Ade	1000 Market Street Suite 300, Building 1 Portsmouth, New Hampshire 03801	_m[√] Add _m[_] Remo	ve
MGRM	Sait Block 57, L.L.C.		Add Remov	/e
			Add Remov	/e
	ng any other information, enter character shows MGRM - Salt Block 57, L.L.C. a	nange(s) here: (Attach additional sheets, if necessary.) and add Managers as listed above.	23 PF	SECRETARY OF STATE
Dated May 21		Shar or authorized representative of a member		X S
	• 5	imber or authorized representative of a member		
-	Richard H. Critchfiel	vned or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00