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J. BRYAN

OCT 2 4 2008

**EXAMINER** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sout	th Towne He	oldings, LLC		= 3
(Name of the Limited Linb (A Flori	ida Limited Lieb	s it now appears on o	ur records.	AM 8: 36
The Articles of Organization for this Limited Liability Florida document number <u>L08000052794</u>	ity Company we	re filed on May 28	, 2008	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability	company bere:		
South Towne Capital Holdings, LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company," tl	ne designation "LUC	" or the abbreviation
Enter new principal offices address, if applicable:	: _	<u> </u>		
(Principal office address MUST BE A STREET AL	(DRESS)			
				<u></u> -
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	Ω _			
	-			
B. If amending the registered agent and/or re registered agent and/or the new registered office:	egistered office address here:	address on our re	cords, <u>enter the</u>	name of the nev
Name of New Registered Agent:				
New Registered Office Address:		(Enter F	lorida street addre	<u>ss)</u>
			. Florida	_
	(	City)		(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:			•
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	gent and agree or or and complete of agent as pro ostered office ad	performance of my vided for in Chapter	duties, and I am r 608, F.S. Or, if	familiar with and this document is

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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 = MGRM	Manager I ≃ Managing Men	nber			
Title	<u>Name</u>		Address	Type of Ac	tion
-		·		Add Remove	
				Add Remove	
	<u> </u>			Add Remove	
	-			Add Remove	
······		A A B B B B B B B B B B B B B B B B B B		Add Remove	
				Add Remove	
D. If an	neading any other		s) bere: (Attach additional sheets, if necessary.)	08 001 23	SECRETAR SIVISION OF C
				AH 8: 36	Y OF STATE ORPORATION
Dated _	October 23	2008 AAA		<del>_</del> ,.	IONS
		Jeffrey D. Gravelle	radinorized representative of a member		

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Filing Fee: \$25.00