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SECRETARY OF STATE
TALLAHASSEE FLORID

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	S. Todd Es	q Celebration LLC	
		Name of Limi	ted Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Thomas L. Reigler	
			Name of Person	
			Firm/Company	
660 Cele			oration Avenue, Suite 17	70-156
			Celebration, FL 34747 City/State and Zip Code	
		E-mail address: (t	tlriegler@gmail.com to be used for future annual report	notification)
For fu	rther information co	ncerning this matter, please c	all:	
		as L. Riegler	at (_407_)	738-2713
	Name of	Person	Area Code & De	aytime Telephone Number
Enclos	sed is a check for the	e following amount:		
 √ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 usee, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



S. Todd Esq Celebration, LLC (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	June 2, 2008	and assigned	
Florida document numberL08000054566				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	611 Celebra	tion Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Celebration,	FL 34747		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Neal S. Wynne	1105 Penny Royal Street Celebration, FL 34747	✓ Add Remove
<u>MGRM</u>	Tracy Seiber	1532 Cypress Woods Circle Saint Cloud, FL 34772	✓ Add Remove
MGR	Neal S. Wynne	1105 Penny Royal Street Celebration, FL 34747	Add ✓ Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessa	ry.)
_			O9 AUG 10 SECRETARY TALLAHASSE
	August 5	2009 🟒 .	O MIN: 44
	Signature of a m	namber or authorized representative of a member	
		Neal S. Wynne Typed or printed name of signee	

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Filing Fee: \$25.00