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OB JUL -7 AM II: 14

M. THOMAS

JUL - 8 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration : Division of C	Section orporations		
SUBJECT: MD	I Saugrass Pro	ited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Karen L. S	Name of Person)	
	Po Box 68	(Firm/Company)	DIS JUL -7 BALL: 16
	Ponte Vedra	(Address)  Beach, Fz 3200  (City/State and Zip Code)	<b>光</b>
For further information	concerning this matter, please c	all:	
Karen	U.Still e of Person)	at (904) 477 - 788 (Area Code & Daytime To	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Emiled Lieb III	roperites LLC			
(A Florida	ty Company as it now appears on o Limited Liability Company)	ui iccolus.)		
The Articles of Organization for this Limited Liability Florida document number <u>LO8 0000 64 of</u>		1, 2008 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:			
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liability Company," th	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADD	RESS)	127		
Future was the address of auditables		AM II:		
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)	skiele maail te validit te skiellen om med et maailde maail een validit een validit een validit een validit ee	, Marie		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Fi	(Enter Florida street address)		
	, 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 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 = Mana MGRM = Ma	nger naging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Still, Karen L.	1272 Fish Hook Way Ponte Vedra Beach, Fr. 32082	Add Remove
MGRM	Still, James H. Jr.	1272 Fish Hook Way Ponte Vector Beach, Fi 32082	Add Remove
MGR	Still, Karen L.	1272 Fish Hook Way Ponte Vedra Beach, F2 32082	Add Remove
mgr	Still, James H. Ir.	1272 Fish Hook Way Ponte Vedra Beach, Fr 32082	Add Remove
			Add Remove:
			Add Remove
		(s) here: (Attach additional sheets, if necessary.)  of existing two M	<u>G</u> R -
Dated Ju		<b>&gt;8</b>	_
-	Karen L. Still Typed o	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00