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August 14, 2008

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

RE: Aicirtap, LLC Amendment

Lake Saunders Group, LLC Amendment

To Whom It May Concern:

Enclosed please find the Amendments referenced above as well as the payment for filing fees, Certificates of Status and Certified Copies for each.

Please call me with any questions or if you need additional information. Also enclosed is a stamped envelope to return the copies.

Sincerely,

Barbara A. Swims

Legal Assistant

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Lake Saunders (Name of Lim	Group, LLC nited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	Bru	ce E. Lybrand (Name of Person)	
		(Name of Person)	
•	lake ?	Saunders Group, LLG (Firm/Company)	<u></u>
		(Firm/Company)	
	2771	4 Lake Jen Rd (Address)	
		(Address)	
	ma. i	Jora, FL 32757 (City/State and Zin Code)	····
		(City/State and Zip Code)	
For further information co	oncerning this matter, please co	all:	•
Bruce E.	Lybrand	at (407) 448 - 011 = (Area Code & Daytime ?	3
(Name o	f Person)	(Area Code & Daytime 1	l'elephone Number)
Enclosed is a check for the	e 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

Lake Sounders Group, 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 Limited Liability Company were filed onand assigned
Florida document number L08000 66708.
•
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)
Trinsput office wanted from Do horizon from Do hardens,
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:
Togistered agent and/or the new registered office address here.
Name of New Registered Agent:
New Registered Office Address:
(Enter Florida street address)
, Florida ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(City) (Zip Code).
New Registered Agent's Signature, if changing Registered Agent:

(If Changing Registered Agent, Signature of New 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Name</u> **Address** Title Patricia C. Lybrand ☐ Add Remove ☐ Add 🛅 Remove Add Remove ☐ Add ☐ Remove Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_

Typed or printed name of signee

Page 2 of 2

Signature of a member or anyhorized representative of a member

Filing Fee: \$25.00