108000067909

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(Address)				
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(Business Entity Name)				
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07/23/08--01013--010 **25.00



M. THOMAS

JUL 2 4 2008

EXAMINER



Sean W. Kelley, Esq.* Seth D. Corneal, Esq.

*LLM, Masters of Law in Taxation

July 21, 2008

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: 95 Riberia, LLC

Dear sir or madam:

Enclosed please find our firm trust account check for the above referenced matter as follows:

- 1. Check #737 in the amount of \$25.00 payable to Florida Department of State representing payment for filing the Articles of Amendment to Articles of Organization for 95 Riberia, LLC; and
- Check #738 in the amount of \$25.00 payable to Florida Department of State representing payment for filing the Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company.

Please record and return an acknowledgement letter once the registration has been filed. Should you have any questions, please contact our office.

Sincerely,

Nancy Buchanan, CP, FRP

Certified Paralegal to Seth D. Corneal

Enclosures

COVER LETTER

Division of Cor	porations		
suвјест: 95 Ribe	eria. LLC		a
Sobject.		ited Liability Company)	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Seth D. Corneal		
		(Name of Person)	MANAGEM 347 11 11 11 11 11 11 11 11 11 11 11 11 11
	Kelley & Corneal, P.L.		
		(Firm/Company)	
	904 Anastasia Blvd.		
		(Address)	
	St. Augustine, FL 32080		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Seth D. Corneal	-	at (_904) 819-9706 ext. 3	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne 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:

TO: 'Registration Section

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

95 Riberia, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	,)
The Articles of Organization for this Limited Liability Company	were filed on July 14, 2008	and assigned
Florida document number L08000067909		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	OB JUL
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	5 4 5 min
Enter new principal offices address, if applicable:		PA IO:
(Principal office address MUST BE A STREET ADDRESS)	95 Riberia Street	<u> </u>
	Saint Augustine, FL 32084	
. Enter new mailing address, if applicable:	3535 County Road 214	
(Mailing address MAY BE A POST OFFICE BOX)	Saint Augustine, Florida, 32092	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· —	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	et address)
	, Florida	
	(City)	(Zip Code)

(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

New Registered Agent's Signature, if changing Registered Agent:

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 **Title Address** Name Type of Action **MGRM** Robert M. McDaniel 3535 County Road 214 **₽** Add Saint Augustine, Florida, 32092 Remove Frederick J. Canevari MGRM 379 Chestnut Hill Road Add Add Norwalk, CT 06851 ■ Remove Remove ∏ Add¹ Remôv Add 🗖 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

Robert M. McDaniel

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00