

L08000079417

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Brien

JUN 2 - 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Osceola Development Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles N. Gross, III
Name of Person

Osceola Development Group, LLC
Firm/Company

1136 New York Avenue
Address

Saint Cloud, Florida 34769
City/State and Zip Code

nicksnow@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles N. Gross, III at (407) 957-4444
Name of Person Area Code & Daytime Telephone 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

FILED

09 JUN -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Osceola Development 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 on 08/18/2008 and assigned
Florida document number L08000079417.

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**)

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:

Name of New Registered Agent:

Charles N. Gross, III

New Registered Office Address:

1136 New York Avenue

Enter Florida street address

Saint Cloud

, Florida

34769

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

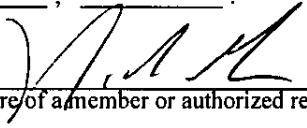
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chad Pert	1136 New York Avenue Saint Cloud, Florida 34769	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christopher K Schultz	312 Aulin Avenue Oviedo, FL 32765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Timothy G Lane	1393 Grandview Blvd. Kissimmee, FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Larry W Walter	3851 Citrus Street Kissimmee, FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Shawn Hindle	2228 Jessica Lane Kissimmee, FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	David G Byrnes	352 Prima Vera Cove Altamonte Springs, FL 34714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 28, 2009


Signature of a member or authorized representative of a member

Charles N. Gross, III
Typed or printed name of signee

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