

SEP-29-2010 10:09

BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P

941366-0189

P.01/03

**LD8000085422**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000212688 3)))



H100002126883ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

**L. SELLERS**

To:

Division of Corporations  
Fax Number : (850) 617-6383

SEP 30 2010

From:

Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P  
Account Number : I20000000104  
Phone : (941) 366-3700  
Fax Number : (941) 366-0189

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

10 SEP 29 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JENNETTEPROPERTIES.COM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 29 AM 9:15

**FILED**

(((H10000212688 3)))

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

JENNETTEPROPERTIES.COM, 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 September 8, 2008 and assigned  
Florida document number L08000085422.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LUXURY PROPERTY RESOURCE, LLC

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:

New Registered Office Address:

(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 Changing Registered Agent, Signature of New Registered Agent)

(((H10000212688 3)))

FILED  
 SEP 29 2010  
 AM 9:15  
 CLERK OF STATE  
 TREASURY  
 FLORIDA

(((H10000212688 3)))

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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


Dated SEPTEMBER 27, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JAMES H. BURGESS, JR., as authorized representative  
\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

(((H10000212688 3)))