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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADI

Account Number: I2007000020 Phone : (813)435-3176 : (813)333-6358 Fax Number

\*\*Enter the email address for this business entity to be used for Tutue annual report mailings. Enter only one email address please on Email Address:

11()

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMDEN MANOR, LLC

Certificate of Status	0
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D. BRUCE

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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Dec 03 2009 4:29PM

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMI	DEN MANOR, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	10/03/2008	and assigned	
Florida document number L08000094074	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	ere:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	5200 WEST	5200 WEST ATLANTIC AVENUE		
(Principal office address MUST BE A STREET ADD	RESS) SUITE 412	SUITE 412		
	DELRAY BE	EACH, FL 33445		
Enter new mailing address, if applicable:	5200 WEST	ATLANTIC AVEN	JE	
(Malling address MAY BE A POST OFFICE BOX)	SUITE 412	SUITE 412		
	DELRAY BE	DELRAY BEACH, FL 33445		
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:  New Registered Office Address:	dress here:	our records, enterral AASSET AHASSET A	PI II	
	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

Dec,03 2009 4:29PM

NICK SPRADLIN

8133336358

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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:

O9 DEC -3 AM 8: 20
DECINETARY OF STATE ALLAHASSEE, FLORIE

р.4

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR:	MARIANELLA LEON	12000 N. DALE MABRY HWY #110 TAMPA, FL 33618	Add  Remove
	·		Add Remove
	·.		Add Remove
			Add Remove
····			Add Remove
<u></u>	· · · · · · · · · · · · · · · · · · ·		Add Remove
1). If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary)	FILE
		LORIDA	D C S
Dated	4	2009 .	
		MARIANELLA LEON ped or printed name of signee	

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Filing Fee: \$25.00

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