

LOS00008426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

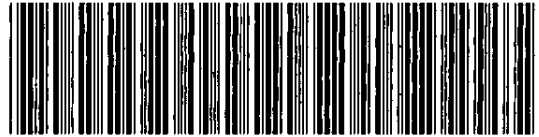
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500139045735

12/17/08--01029--012 \*\*25.00

FILED  
08 DEC 19 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
DEC 23 2008  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lincoln Circle Group, LP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A08000000901

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Peter C Mullaney

(Contact Person)

The Private Client Law Group, PC

(Firm/Company)

75 Fourteenth Street NE, Suite 2710

(Address)

Atlanta, GA 30309

(City, State and Zip Code)

For further information concerning this matter, please call:

Peter C Mullaney at ( 404 ) 974-3482  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

Lugosch Family Management, 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 October 20, 2008 and assigned Florida document number L08000098426.

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
08 DEC 19 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: J. DANIEL LUGOSCH, III

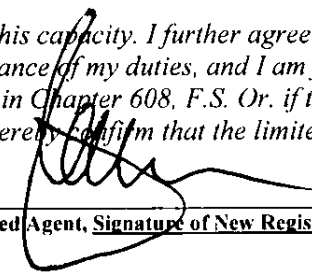
New Registered Office Address: 7014 SE HARBOR CIRCLE +  
(Enter Florida street address)

STUART + Florida 34996  
(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>  |
|--------------|------------------------|--|--|
| MGRM         | DANIEL J. LUGOSCH, III | 7014 SE HARBOR CIRCLE<br>STUART, FL 34996 US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | J. DANIEL LUGOSCH, III | 7014 SE HARBOR CIRCLE<br>STUART, FL 34996 US | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                        |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

FILED  
 08 Dec 9 PM 2:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

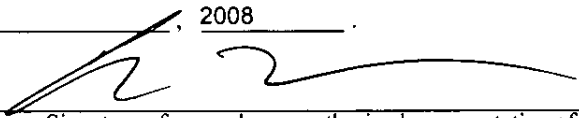
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated December 5, 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Christopher T. Graham, Attorney-In-Fact  
 \_\_\_\_\_  
 Typed or printed name of signee