99 880 (Requestor's Name) (Address) 900157823879 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 07/06/09--01011--025 **25.00 (Document Number) Certified Copies _ Certificates of Status S. 12 St. 255 2009 JUL -6 PH 2: 35 Special Instructions to Filing Officer: **FED** A. LUNT JUL - 7 2009 **EXAMINER** Office Use Only

6/29/2009

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT:					
_	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
		TERRY L. LESSARD Name of Person			
LESSARD DEVELOPMENT GROUP, LLC			.C	2009, SEC	
243 NE 5 AVENUE				2009 JUL -6 SECRETARY TALLAHASSE	FILED
DELRAY BEACH FL 33483 City/State and Zip Code				PH 2: 35 OF STATE EE. FLORID	D
	KIM@LESSAI E-mail address: (RDDEVELOPMENTGROUP.(to be used for future annual report notificat	COM		
For further information of	concerning this matter, please of	call:			
······································	RLY M. LESSARD	at (<u>561)</u> 27 Area Code & Daytime To	28-7144 elephone Number		
Enclosed is a check for t	he following amount:				
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	1)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

06/25/09 10:31 FAX 15613911933

DMRS

2 002/003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LESSARD 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 _____10/23/2008 _____ and assigned Florida document number ______L08000099880 _____.

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:		ALL SEC	5	
(Principal office address MUST BE A STREET ADDRESS)		AH		<u> </u>
		AR ASS	5	<u> </u>
		E. OF	Pł	
Enter new mailing address, if applicable:	·		N.	_0
(Mailing address MAY BE A POST OFFICE BOX)	,,,		μ. μ.	
		Þ	-01	

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 Florid	a 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

Page 1 of 2

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:

DMRS

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		زر محمد محمد محمد محمد محمد محمد محمد محمد	Renove T
			Add Remove

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

TO ADD LUIS A. LOPEZ AS SECRETARY OF LESSARD DEVELOPMENT GROUP LLC

UNP Dated _ < 009 Signature of a member or authorized representative of a member KIMBERLY M. LESSARD Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

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