

## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104 : (239)939-2222 Fax Number

: (239)939-2280

# C AMND/RESTATE/CORRECT OR M/MG RESIGN

# **DEBONAIR PROPERTIES, LLC**

Certificate of Status	0	
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Electronic Filing Menu Corporate Filing Meta. MCLEOtelp

AUG 12 2009

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBON	NAIR PROPERTIES, LL	,C		
(Name of the Limited Li (A Flo	ability Company as It now appears anda Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Light	•	OVEMBER 4, 2008	and assign	ed
Florida document number L0800010312				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here			
				<u>~</u>
The new name must be distinguishable and end with th "L.L.C."	ie words "Limited Liability Compar	sy," the designation "LLC"	or the Addition	eviation SER
Enter new principal offices address, if applicable	ė:			<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)		- F	!>⊷ئى ئز <del>ىد</del>
			्रा जु	
			<u></u>	
Enter new mailing address, if applicable:			9	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>			7-
B. If amending the registered agent and/or	montesound affice underson on as	un uncondo cuetas tha c		
registered agent and/or the new registered office		ir records, enter the l	inme of t	ie lievy
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_		, Florida	<u>.</u>	
	City	Z	ip Code	
New Popletered Agent's Signature If changing Regi	stered Agent:			

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

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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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	THEODORE HOBSON		Add 7 Remove
MGRM_	HOBSON FAMILY TRUST	6405 SOUTH HUDSON TULSA, OK 74136	Add · Remove
			Add Remove
			Add Remove
			Add Remove
····	·		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
		1	<del></del>
	JULY 31 20	009 . ()	<b>-</b>
Dated	Thenke	r or authorized representative of a member	<del></del>
	THE	ODORE HOBSON	
	Typed	or printed name of signee	<del></del>

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Filing Fee: \$25.00