L08000/05250

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T. CLINE

DEC 29 2008

EXAMINER

COVER LETTER

Division of Corp	orations '				
SUBJECT: EXCEPT	TIONAL PROPERT (Name of Limi	IES GROUP LLC ited Liability Company)			
	Amendment and fee(s) are sub	_			
	PHILLIS PRITCHARD				
		(Name of Person)	_		
	EXCEPTIONAL PROPER	RTIES GROUP LLC			
		(Firm/Company)			
	14850 TAMIAMI TRAIL				
		(Address)			
	NORTH PORT, FL 34287	7			
		(City/State and Zip Code)		یہ ہے۔ اسپر	
For further information co	ncerning this matter, please ca	all:		2000 DEC 24 SECRETARY	20 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PHILLIS PRITCHARD		at (_941)_539-4915		C 24 TAR) IASS	9
(Name of	f Person)	(Area Code & Daytime T	'elephone Number)		(Ti
Enclosed is a check for the	e following amount:			AM 10: 53 OF STATE E. FLORIDA	N'-1 tol-al-E V Mayagent
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Co (additional)	of Status &	

MAILING ADDRESS:

Registration Section

TO;

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		RTIES GROUP, 🔘	L			
(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 Lie		were filed on	10/08	and as	ssigned	
Florida document number L0800010	5250					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
	.1 1 417		0.4 1	<u></u>	F-01 1-41	
The new name must be distinguishable and end with "L.L.C."	i the words "Limi	ted Liability Company,	the designation "Li	ES tue	appreviation of the second	eer on
Enter new principal offices address, if applica	ble:	14850 TAMIAMI TE	RAIL	AFF	<u> </u>	* *
(Principal office address MUST BE A STREET ADDRE		NORTH PORT, FL	34287	SSE	24	
				E P	3 (ja Januarian Januarian
Enter new mailing address, if applicable:		14850 TAMIAMI TF	RAIL.	DALE	D: 53	- 11-
(Mailing address MAY BE A POST OFFICE BOX)		NORTH PORT, FL	34287		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/o registered agent and/or the new registered off			records, <u>enter th</u>	e name	of the ne	w
Name of New Registered Agent:	PHILLIS PRITCHARD					
New Registered Office Address:	14850 TAMIAMI TRAIL					
	(Enter Florida street address)					
	NORTH PORT		, Florida <u>342</u>		-dal	
		(City)		(Zip Co	ue)	

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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PHILLIS PRITCHARD	5521 WHITE IBIS DRIVE, NORTH PORT FL	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
<u></u>			2008 DEVE
D. If amon	ding any other information anton a	change(s) here: (Attach additional sheets, if necessary.)	Addas Remaye
—	unig any other miorination, enter c	nange(s) nere. (Anach adamonat sneets, tj hecessary.)	
Dated <u>DEC</u>	EMBER 15, 2008		
	Phillist.	ember or authorized representative of a member Tended Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00