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EXAMINER

## Hershoff, Lupino W Yagel, LL.P.

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(305) 852-8440 • (305) 852-8848 FAX

LAND USE COORDINATOR PETER D. BACHELER

December 18, 2008

Secretary of State
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sunset Waterways, LLC Construct Design, LLC

Dear Sir or Madam:

Enclosed please find the following documents which we would appreciate your filing, returning conformed copy to our office:

- 1. Articles of Amendment to Articles of Organization of Sunset Waterways, LLC.
- 2. Check in the sum of \$25.00 to cover the cost of filing.
- 3. Articles of Amendment to Articles of Organization of Construct Design, LLC.
- 4. Check in the sum of \$25.00 to cover the cost of filing.

Please file the Amendments and return conformed copies to our office at your earliest convenience. Should you have any questions, please feel free to contact our office.

Very truly yours,

Debbie Boyce, Secretary

James S. Lupino, Esq.

DB:db Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUNSET WATERW  (Name of the Limited Liability Comp  (A Florida Limited   | AYS, LLC  pany as it now appears on our records.)  (Liability Company) |                              |
|--|--|------------------------------|
| The Articles of Organization for this Limited Liability Companies Florida document number <u>L08000109320</u> .  | ny were filed on <u>November 25, 2008</u>                              | and assigned                 |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the limited lia   | ability company here:  |                              |
| N/A The new name must be distinguishable and end with the words "Lin"L.L.C."   | mited Liability Company," the designation "L                           | LC" or the abbreviation      |
| Enter new principal offices address, if applicable:  | 116 Fourth Lane  |                              |
| (Principal office address MUST BE A STREET ADDRESS)  | Key Largo, Florida 33037   |                              |
| Enter new mailing address, if applicable:  | P.O. Box 1479  | OEC 22<br>CHETANY<br>LAHASSE |
| (Mailing address MAY BE A POST OFFICE BOX)   | Key Largo, Florida 33037   | <u> </u>                     |
| intering succession and the second se | Ney hargo, frontae 35057   | STATE<br>ORIDA               |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he   |  | ne name of the new           |
| Name of New Registered Agent:  | N/A  |                              |
| New Registered Office Address:   | N/A<br>(Enter Florida street ada                                       | ress)                        |
|  | Dl   | •                            |
| -  | , Florida  | (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 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:

|           | <u>Name</u>                            | Address  | Type of Action |
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