L08000111731

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 1609 OV	VENS RD. LLC		+
SUBJECT: 1000 C		ited Liability Company)	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Heather M. Reynolds		
		(Name of Person)	
•	Hathaway & Reynolds, P	P.A.	
		(Firm/Company)	
	115 Professional Drive, S	Suite 101	
		(Address)	
	Ponte Vedra Beach, FL 3	32082	
		(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	
Heather Reynolds		at (904) 280-5575	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

08 DEC 15 AM IO: 48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1609	OWEN	S RD	. LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

DIOLI A)	a Ellined Elability Company)		
The Articles of Organization for this Limited Liability Florida document number L08000111731	Company were filed on December Company were filed on December 1	per 5, 2008 and assigned	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:		
OWENS RD, LLC			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	•	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
-	(Enter Florida 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 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>	Address	Type of Action
MGRM	Maria Elizabeth Freire	616 Springvale Road Great Falls, VA 22066-3304	Add Remove
MGRM_	Elizabeth Freire	616 Springvale Road Great Falls, VA 22066-3304	Add Remove
			Add Remove
D. If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	OB DEC 15 AM SEGNETHAY OF TALL AHASSEE FI
Dated Decem	nber 11 , 2	2008	110: 48
•		ember or authorized representative of a member	
	Heather M. Reynol	ds, Attorney Evped or printed name of signee	

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Filing Fee: \$25.00