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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations			
CHRIDOT.	SAN TAM F	PROPERTIES, LLC		
SUBJECT:		ited Liability Company		
	Amendment and fee(s) are sulported this matter	-		
		Michael Kraus	<del> </del>	
		Name of Person		
į		/lichael L. Kraus, P.A,		
		Firm/Company	<b>7 2</b> 0	
400 Fifth Avenue South, Suite 200				
		Address	2011 APR 18	
		Naples, FL 34102	[	
		City/State and Zip Code		
	E-mail address: (	kraus@krauslegal.com to be used for future annual report notific	The state of the s	
For further information of	concerning this matter, please of	call:	~	
M	ichael Kraus	at ( 239 ) 2	62-1979	
Name o	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora		
P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN TAM	I PROPERTIES, LL	.C			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)			
(,, , , , , , , , , , , , , , , , , , ,	Emilia Emerity Company)				
The Articles of Organization for this Limited Liability (	Company were filed on	12/11/2008	08 and assigned		
Florida document number L08000113421					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company he	re:			
-					
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation	"LLC" or the	e abbreviation	
"L.L.C."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)			2	
•	<del>,</del>		<u> </u>		
			170 Pm	- Francis	
Enter new mailing address, if applicable:				)	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			111	
Infuting dualess MAT BE AT OST OFFICE BOA	<u> </u>	<u></u>	FLORNI :	Transe d	
			<del>====================================</del>		
B. If amending the registered agent and/or regis	stered office address on	our records, enter	r the name	of the new	
registered agent and/or the new registered office add		<u></u>			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Er	nter Florida street a	ddress		
	City	, Florida _	Zip Co	de	
	*				

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

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 Type of Action Title <u>Name</u> **Address MGRM** SANDRA FARRIS **1710 SE 15TH TERRACE** ☐ Add CAPE CORAL FL 33990 US √ Remove MGRM THOMAS ESCH 140 EAST HILO STREET ✓ Add Remove NAPLES, FL 34113 Remove Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 15 2011 Dated \_ Signature of a member or authorized representative of a member Tamara Esch Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00