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B. KOHR
JAN 1 4 2009
EXAMINER

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COVER LETTER

Registration Section Division of Corporations

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TO:

SUBJECT: ARB IN	IVESTORS, LLC						
		nited Liability Company)					
	Amendment and fee(s) are sub ondence concerning this matter	•	09 JAN 13 TH				
	JULIE SCHULZ	·	<u></u>				
		(Name of Person)					
GUILDAY, TUCKER, SCHWARTZ & SIMPSON							
(Firm/Company)							
1983 CENTRE POINTE BLVD. #200							
		(Address)					
	TALLAHASSEE FL 3230	08					
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
JULIE SCHULZ		at (850) 224-7091					
(Name	of Person)	(Area Code & Daytime T	elephone Number)				
Enclosed is a check for the	he 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle				

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLE	TO	
ARTICLES	S OF ORGANIZATIO	V Ada G
	OF	TO THE THE
		2 6
ARB INVESTORS, LLC		SS. F
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears or Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on Decem	ber 19, 2008 and assigned
Florida document number L08000115580		1, ch
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
ANNE BOYNTON INVESTMENTS, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office add		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 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 = Ma MGRM = N	nager Managing Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u>-</u>	·		Add Remove
····			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
Dated <u>Janua</u>	Im.	er or authorized representative of a member	
	ANNE R. BOYNTON	or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00