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SECRETARY OF STATE

T. HAMPTON

JAN - 7 2009

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: SAVAN	NNA CENTRAL EAS	ST MANAGEMENT, LLC			
(Name of Limited Liability Company)					
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following;			
	RICHARD J. DUNGEY, ESQ.				
(Name of Person)					
FOX, WACKEEN, DUNGEY ET AL.					
(Firm/Company)					
3473 SE WILLOUGHBY BOULEVARD					
· (Address)					
STUART, FLORIDA 34994					
(City/State and Zip Code)					
For further information of	concerning this matter, please c				
. o. 1210.0.	oneering this matter, please e	aun.			
MONICA SWORDS (Name of Person)		at (_772_) 287-4444 EXT. 251 (Area Code & Daytime Telephone Number)			
(ivame	of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for t	he following amount:				
☑ \$25.00 Filing Fee	\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,		
2 923.00 Tilling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

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

SAVANNA CENTRAL EAST MANAGEM		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Company were filed on December 30, 20	008 and assigned
Florida document number L08000117732	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		AN CONC
		FILL ARY F CO
Enter new mailing address, if applicable:		3 ROD
Mailing address MAY BE A POST OFFICE BOX)		- RAT
		2 ST TO ST T
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s	tugat addaysa)
	· ·	·
	(City), Flo	rida(Zip Code)
	(City)	(Lip Coue)

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> Name Address **Type of Action** MGRM Alan S. Polackwich, Sr. 4100 20th Street ☐ Add Vero Beach, FL 32960 Remove Alan S. Polackwich, Sr. MGR 4100 20th Street ☑ Add Vero Beach, FL 32960 Remove 🗖 Add Remove Add Remove **■** Add ☐ Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 5 2009 Signature of a member or authorized representative Richard J. Dungey, Authorized Representative

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00