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(Requestor's Name)				
(Address)				
. (Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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L. SELLERS				
APR 24 2009				
EXAMINER				

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SECRETARY OF STATE

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: The Paln	ns at Daytona Beach	n Shores, LLC	0
		d Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Linda McGurn		
		(Name of Person)	
		(Firm/Company)	
	PO Box 2900		
	PO BOX 2900	(Address)	
	Gainesville, Florida 32602	City/State and Zip Code)	
For further information cor	ncerning this matter, please cal	1:	
Linda McGurn		at (352) 372-6172 x5	
Linda McGurn at (352) 3/2-61/2 x5 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the	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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Palms at Daytona Beach Shores, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on January 27, 2009	_ and assigned
Florida document number L09000009070		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim'L.L.C."	nited Liability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO Box 2900	
Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32602	
B. If amending the registered agent and/or registered o		name of the new
registered agent and/or the new registered office address her	<u>re</u> : 5	09 /
Name of New Registered Agent:		APR P
New Registered Office Address:		SE SE TO
	(Enter Florida street addre	
	, Florida	Cap 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
MGR	Kenneth R. McGurn	101 SE 2nd Place #202 Gainesville, FL 32601	Add Remove
MGRM	Kenneth R. McGurn	101 SE 2nd Place #202 Gainesville, FL 32601	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		ange(s) here: (Attach additional sheets, if necessor	ary.)
	neth R. McGurn was incorrectly liste		
This	is a manager managed LLC and Ke	enneth R. McGurn should have been listed as Ma	nager.
			9 APR 23 SECRETARY TALLAHASS
Dated April 22	Ken	M.Lein_	LED 3 M 8: 1: RY OF STATE SEE FLORID
	_	nber of authorized representative of a member	≥m N
	Kenneth R. McGurn	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00