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S. HAWKES AUG 2 8 2009

EXAMINER

COVER LETTER

TO: Registration Division o	on Section f Corporations			
SUBJECT:	825 Sp	ring Gai	rden R	load LLC
	Name o	of Limited Li	ability Co	ompany
Dear Sir or Madam	:			
The enclosed Articl	es of Correction and fee(s) a	re submitted	for filing	
Please return all con	respondence concerning this	matter to th	e followir	ng:
	Brian B. Stoll			
	Name of Person	•	•	_
	825 Spring Garden Ll	LC		_
	20 Valleywood Dr.			
	Address			_
	Debary, FL 32713 City/State and Zip Code			_
E-mail addres	bcstoll4@aol.com	al report not	ification)	— ·) f
For further informa	tion concerning this matter, p	olease call:		
	Brian B. Stoll	at (407	687-6340
IN	ame of Person		Area Co	ode & Daytime Telephone Number
STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Fallahassee, Florida	n utions uter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a checl	k for the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Fili Certified	ng Fee & d Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/05)				••

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

825 5	Spring Garden Road LLC			
(Name of the Limited L (A F	ability Company as it now appears (orida Limited Liability Company)	on our records.)		
,	,			
The Articles of Organization for this Limited Liab	ility Company were filed on	02/02/2009	and assigned(
Florida document numberL09000107	<u>61</u> .		and assigned (
			がいる。	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
	25 Spring Garden LLC	· , · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company	," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
			, , , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO				
Muning names MAT BEAT OF OTT TEE BO			· · · · · · · · · · · · · · · · · · ·	
	····			
B. If amending the registered agent and/or	registered office address on our	records, enter 1	he name of the new	
registered agent and/or the new registered offic		,		
Name of New Registered Agent:				
New Projectored Office Address.				
New Registered Office Address:	Enter	Florida street add	ress	
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Re	•		r	

If Changing Registered Agent, Signature of New 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nnager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
<u> </u>			Add Remove
			Remove 1
			Add A
			Add Z
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessar	Remove
			
- 1 - 1 -			
Dated	August 24	, <u>2009</u>	
	Signature of DR (4N)	a member or authorized representative of a member Stoll Typed or printed name of signee	va Member

Page 2 of 2

Filing Fee: \$25.00