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SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

D. BRUCE

JUN 16 2009

EXAMINER

COVER LETTER-

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то:	Registration S Division of Co					
SUBJE	CT:	250	04 CR, LLC			
501415	o		ited Liability Company			
The enc	losed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please re	eturn all corresp	pondence concerning this matte	r to the following:	-		
			CRAIG D. BLUME			
			Name of Person			
		C	RAIG D. BLUME, P.A.			
			Firm/Company			
800		00 HARBOUR DRIVE				
		<u> </u>	Address			
		NA	PLES, FLORIDA 34103		09 SEC	
			City/State and Zip Code		LAHA	
		E-mail address	(to be used for future annual report notifi		N I 5	
For furth	her information	concerning this matter, please	•	cation)	AAR F	
	CR	AIG D. BLUME	at (_239_)	417-4848	9: 57 STATE LORID	D
		of Person	Area Code & Daytime			
Enclose	d is a check for	the following amount:				
\$25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	e of Status &)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section ion of Corporations Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Central English Programmer Central Englis	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2504 CI (Name of the Limited Liability Compa (A Florida Limited I		s on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL09000052391		05/29/2009	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here	: :	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Compar	ny," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	2504 LONGBO	OAT DRIVE	TAL
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FLC		LANE TO ANALYSIS OF THE PARTY O
Enter new mailing address, if applicable:			ILED 15 AM 9: ARY OF STA SSEE. FLOOR
(Mailing address MAY BE A POST OFFICE BOX)			ATE RDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street aa	ldress
		pok + 1	
	City	, Florida _	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 = Manager MGRM = Managing Member **Type of Action Title** Name <u>Address</u> Asset Acquisition Services MGR 1243 11th Street North ☐ Add Remove Naples, Florida 34102 Terry Krantz MGR ✓ Add 2504 Longboat Drive Remove Naples, Florida 34104 MGR Constance Krantz 2504 Longboat Drive ✓ Add Naples Florida 34104 Remove ∏ Add Remove ___Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a thember or authorized epresentative of a member MGR Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00