| (Re | equestor's Name | <u>)</u> |
|-------------------------|-------------------|---------------------------------------|
| , | • | • |
| (Ac | ddress) | • |
| | | |
| (Ac | ddress) | |
| | ty/State/Zip/Phor | no #\ |
| (CI | ty/State/Zip/Pnoi | ne #) |
| PICK-UP | MAIT WAIT | MAIL |
| | | |
| . (Ві | usiness Entity Na | ame) |
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| · · · (Do | ocument Numbe | r) |
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| Certified Copies | _ Centificate | es or Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only

G. MCLEOD

JUN 23 2009

EXAMINER



000157357720

06/22/09--01056--031 **60.00

COVER LETTER

| | n of Corporations | | | | |
|---------------------------------------|--|---|--|--|--|
| SUBJECT: | P.L. Boa | rdwalk, LLC | | | |
| | Name of Limited | d Liability Company | | | |
| The enclosed A | rticles of Amendment and fee(s) are subm | itted for filing. | | | |
| Please return al | correspondence concerning this matter to | the following: | | | |
| | | Kim P. Buchanan | | | |
| | | Name of Person | | | |
| Florida Bank Group, Inc. | | | | | |
| | | | | | |
| 201 North Franklin Street, Suite 2800 | | | | | |
| | | Address | | | |
| | | Tampa, 33602 | | | |
| City/State and Zip Code | | | | | |
| | kbuchanan@floridabankgroup.com E-mail address: (to be used for future annual report notification) | | | | |
| For further info | rmation concerning this matter, please cal | | anon, | | |
| | Kim P. Buchanan | | 77-0388 | | |
| | Name of Person | Area Code & Daytime | Felephone Number | | |
| Enclosed is a cl | eck for the following amount: | | | | |
| \$25.00 Filin | g 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 ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| P.L. Bo | oardwalk, LLC | | | | |
|---|--|---------------------------------------|-----------|----------------|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appeanited Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability Con Florida document numberL09000058523 | npany were filed on | June 16, 2009 | _ and a | ssigned | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limite | d liability company he | <u>re</u> : | | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Comp | any," the designation "LL | C" or the | e abbreviation | |
| Enter new principal offices address, if applicable: | | | | 9 | |
| (Principal office address MUST BE A STREET ADDRES | <u>SS)</u> | | 9 | 1350 | |
| | | | MU | | |
| | | | 22 | 7,50,72 | |
| Enter new mailing address, if applicable: | | | E. | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ڣ | ·~ /. | |
| | ······································ | | 03 | | |
| | <u></u> | · · · · · · · · · · · · · · · · · · · | | T, | |
| B. If amending the registered agent and/or register | | our records, enter the | name | of the new | |
| registered agent and/or the new registered office address | ss here: | | | | |
| | | | | | |
| Name of New Registered Agent: | <u> </u> | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| *************************************** | , Florida | | | | |
| | City | | Zip Co | de | |

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 Title Name <u>Address</u> Type of Action MGRM Shaker S Youssef 201 North Franklin Street, Suite 2800 _□ Add √ Remove Tampa, FL 33602 Shaker S Youssef MGR 201 North Franklin Street, Suite 2800 Tampa, FL 33602 ☐ Remove MGRM Florida Bank 201 North Franklin Street, Suite 2800 ✓ Add ☐ Remove Tampa FL 33602 ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ June 17 2009 Signature of a member or authorized representative of a member Kim P. Buchanan

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee