

109000071240

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000173344 3)))



H090001733443ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JOHNSON, AUVIL, BROCK & WILSON, P.A.  
Account Number : I20010000040  
Phone : (352) 567-2500  
Fax Number : (352) 567-6813

FILED  
09 JUL 30 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RE

BASSETT CREEK LOTS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

D. BRUCE

JUL 31 2009

EXAMINER

RECEIVED

09 JUL 30 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
(((H09000173344 3))) ARTICLES OF ORGANIZATION  
OF**

**Bassett Creek Lots, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 24, 2009 and assigned  
Florida document number L09000071240.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
09 JUL 30 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Leonard H. Johnson

New Registered Office Address:

37837 Meridian Avenue, Suite 100

*Enter Florida street address*

Dade City

Florida

33525

*City*

*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.*

*Leonard H. Johnson*  
If Changing Registered Agent, Signature of New Registered Agent

(((H09000173344 3)))

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:

((H09000173344 3)))

MGR = Manager (((H09000173344 3)))

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                             | <u>Type of Action</u>                                                      |
|--------------|-----------------|--------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | M-Tampa, LLC    | 14824 N. Florida Avenue<br>Tampa, FL 33613 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | M Tampa, L.L.C. | 14824 N. Florida Avenue<br>Tampa, FL 33613 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |                                            | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 30, 2009



Signature of a member or authorized representative of a member

Leonard H. Johnson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

((H09000173344 3)))

**FILED**  
09 JUL 30 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA