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SECRETARY OF STATE DIVISION OF CURPORATION

COVER LETTER

TO: Registration Division o	on Section f'Corporations							
SUBJECT:	FLAGLER TRACE II LLC Name of Limited Liability Company							
	Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
	LYNDA AVALLONE							
	Name of Person							
	Firm/Company							
	436 SEBASTIAN SQ Address							
	Address							
	ST AUGUSTINE FL 32095							
	City/State and Zip Code							
	ST AUGUSTINE FL 32095 City/State and Zip Code LYNDA. AVALLONE & YAKOO, Com E-mail address: (to be used for future annual report notification)							
F 6 4 : - 6	(
	tion concerning this matter, please call:							
Lyn	Area Code & Daytime Telephone Number							
N	arme of Person Area Code & Daytime Telephone Number							
Parlamed to a short	See the Sellender and and							
_	for the following amount:							
\$25.00 Filing Fe	Solution of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 **ARTICLES OF ORGANIZATION OF**

FLAGLER TRACE							
(Name of the Limited Liability Company (A Florida Limited Lia	as it now ability Com	appe npany	ars on	our records	7)		
The Articles of Organization for this Limited Liability Company w	vere filed o	on	Ju	-y 27. 2	6 9 9	and assi	igned
Florida document number <u>L09 0000 71916</u> .							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabili	ity compa	iny h	ere:				
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability	Com	pany,"	the designati	on "LLC"	or the al	 bbreviation
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)						9	<u></u> Σω_
•						SE	<u> </u>
						P -	
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)			•			3	중유미
		•					RA
						သ	글루
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		ss on	our	records, <u>en</u>	ter the n	ame of	<u>î the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·						
New Registered Office Address:							
	Enter Florida street address						
	, Florida						
	City				Zi	ip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6-KM	LYNDA M. AVALLONE	ST Augustine FL 32095	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
<u></u>			_
Dated	Sept 9, 200	Muleu/	
	TERRELL N	authorized representative of a member EWBERRY printed name of signee	

Page 2 of 2

Filing Fee: \$25.00