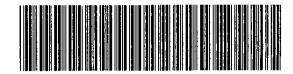
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SECRETARY OF STATE
TALLAHASSEF F STATE

D. BRUCE FEB 0 4 2011 EXAMINER

COVER LETTER

TO: Regi Divis	stration S sion of Co	ection rporations			
SUBJECT:	F	LORIDA PROP	OSRTY STRUES GROUP LLC ited Liability Company	• -	
_		Name of Limi	ited Liability Company		
The enclosed	Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
		ondence concerning this matter	_		
i tease return a	in corresp	ondence concerning and matter	to the following:		
		<i>J</i>	Name of Person		
			Firm/Company		
		392 PA	RKWAY COURT FO	* <u></u>	
				8	सम
		FORT MY	City/State and Zip Code Concast. Net to be used for future annual report notification)	3-3 PH 3: 45	
	, just		City/State and Zip Code	翠	
		FPSG @	COMCAST. NET	ćė	5
			to be used for future annual report nonfication)	64	٠,٠
For further inf	ormation	concerning this matter, please c	call:		
,	TUO	4 A. CL266	at (239) 565 - 5949 Area Code & Davtime Telephone Number		
	Name	of Person	Area Code & Daytime Telephone Number	-	
Enclosed is a	check for	the following amount:			
\$25.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy (addition	tatus &	
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations Box 6327 assee, 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

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>L 09 0000 8636</u> /
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)
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: JUDY A. CLEGG
Name of New Registered Agent: JUDY A. CLEGG New Registered Office Address: 392 PARKWAY COURT
Enter Florida street address
FORT MYGRS, Florida 33919 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.

Page 1 of 2

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** MGRM 392 PARKWAY COURT Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUD4 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00