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JACOBS AND ASSOCIATE

PAGE 01 OF 03

Division of Corporations

Page 1 of 1

**W09000098482**

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JACOBS & PETERS, P.A.  
Account Number : I19980000094  
Phone : (904) 261-3693  
Fax Number : (904) 261-2866

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**CAPE AMELIA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**T. CLINE**

OCT 27 2009

**EXAMINER**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CAPE AMELIA, 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 OCTOBER 12, 2009 and assigned Florida document number L09000098482.

This amendment is submitted to amend the following:

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

**PAMELA MORRISON, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

, Florida

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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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 | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

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

Dated October 26, 2009

x Pamela Morrison

Signature of a member or authorized representative of a member

PAMELA MORRISON

Typed or printed name of signee

Page 2 of 2

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