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TALLAHASSEE, FLORIDA

M. THOMAS

NOV - 2 2009

EXAMINER

## **COVER LETTER**

Division of Co	rporations			
SUBJECT:		th Properties LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
Stephen E. Tilley, CPA				
	Calibrate, CPAs			
	4465 E	Baymeadows Road, Suite 3		
	1100 6	Address		
,			~.	
Jacksonville, Florida 32217  City/State and Zip Code				
	tcalla	han@calibratecpas.com .	ORE AH	
	E-mail address: (	to be used for future annual report notific	ation)	
For further information of	concerning this matter, please of	all:	2009 OCT 30 AH II: 23  SECRETARY OF STATE ALLAHASSEE, FLORIDA Telephone Number A	
	Steve Tilley	at ( 904 ) 7	39-3948 PA	
Name o	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &	
	Commune of Blattas	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	

TO: . Registration Section

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

(Name of the Limited Liabi	South Properties LLC lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L09000103484		10/27/2009	and assigned
This amendment is submitted to amend the following	<b>;</b> ;		
A. If amending name, enter the new name of the l	limited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation	"LEC" or the abbreviation
Enter new principal offices address, if applicable:			新 B T
(Principal office address MUST BE A STREET AD	DDRESS)		30 T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2	•	ATII: 28
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street a	uddress
<del>-</del>		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:		

If Changing Registered Agent, Signature of New 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 Type of Action **Address** Title' Nam<u>e</u> Robert Preusler **MGRM** 865 Lawhon Drive ☐ Add Switzerland Fl 32259 √ Remove Margaret Preusier MGRM 865 Lawhon Drive ☐ Add 🔽 Remove Switzerland, FI 32259. Robert C. Preusler MGRM 865 Lawhon Drive ✓ Add Switzerland, Fl 32259. Remove and Margaret J. Preusler as tenants by the entireties D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Stephen E. Tilley, CPA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00