

L09000103899

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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EXAMINER

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 167231 7732894
AUTHORIZATION : [Signature]
COST LIMIT : \$ 25.00

FILED SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ORDER DATE : October 26, 2009
ORDER TIME : 1:52 PM
ORDER NO. : 167231-006
CUSTOMER NO: 7732894

DOMESTIC AMENDMENT FILING

NAME: ASHBURY GENERAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 30 AM 8:09

ASHBURY GENERAL, 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 28, 2009 and assigned Florida document number L09000103899.

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:

\_\_\_\_\_

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)

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>    | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|----------------|---------------------------|--|
| MGRM         | Marilyn Troy   | 6540 Alexander Road       | <input type="checkbox"/> Add               |
|              |                | West Palm Beach, FL 33413 | <input checked="" type="checkbox"/> Remove |
| MGRM         | Marilyn Cobert | 6540 Alexander Road       | <input checked="" type="checkbox"/> Add    |
|              |                | West Palm Beach, FL 33413 | <input type="checkbox"/> Remove            |
|              |                |                           | <input type="checkbox"/> Add               |
|              |                |                           | <input type="checkbox"/> Remove            |
|              |                |                           | <input type="checkbox"/> Add               |
|              |                |                           | <input type="checkbox"/> Remove            |
|              |                |                           | <input type="checkbox"/> Add               |
|              |                |                           | <input type="checkbox"/> Remove            |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated October 30, 2009

*/s/ Edmond G. Troy*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Edmond G. Troy

\_\_\_\_\_  
Typed or printed name of signee