

109000108942

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BETH E. LINZNER, P.A.
Account Number : 120030000140
Phone : (561) 999-9300
Fax Number : (561) 999-9400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Pmapes@mjhotels.com

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TALLAHASSEE, FLORIDA

2009 DEC -9 AM 9:49

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAYTONA ALF LLC

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M. THOMAS

DEC 10 2009

EXAMINER

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

DAYTONA ALF 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 11/10/2009 and assigned
Florida document number L09000108942.

This amendment is submitted to amend the following:

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

South Hills LLC

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)

1750 North Florida Mango Road, Suite 103

West Palm Beach, Florida 33409

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:

Paul Mapes

New Registered Office Address:

1601 Belvedere Road, #407S

Enter Florida street address

West Palm Beach

, Florida

33406

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.

Paul Mapes
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:

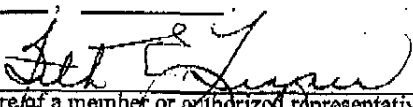
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

Dated _____



 Signature of a member or authorized representative of a member
 BETH E. LINENER

 Typed or printed name of signee