

L0900011007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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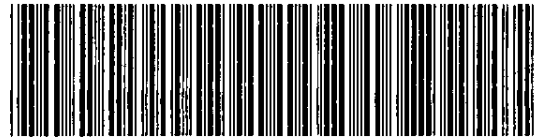
(Business Entity Name)

(Document Number)

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FILED
11 FEB 18 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. S. S. S.
EXAMINER
FEB 21 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTRE LAKE MEDICAL, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIM SWANN, TRUSTEE

Name of Person

1ST CENTRE, L.L.C.

Firm/Company

516 DELANNOY AVENUE

Address

COCOA, FL 32922-7814

City/State and Zip Code

lvincent1218@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNDA L. VINCENT

Name of Person

at (**321**)

632-4713

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

FILED

11 FEB 18 PM 1:30

CENTRE LAKE MEDICAL, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 November 18, 2009 and assigned Florida document number L09000111007.

This amendment is submitted to amend the following:

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

1ST CENTRE, L.L.C.

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)

516 DELANNOY AVENUE

COCOA FL 32922-7814

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

516 DELANNOY AVENUE

COCOA FL 32922-7814

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

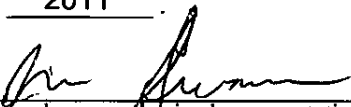
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<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 FEBRUARY 15, 2011.



Signature of a member or authorized representative of a member

JIM SWANN, Trustee - Managing Member

Typed or printed name of signee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
LAND PLANNERS HOMES, LLC

The undersigned, Jim Swann, Trustee as Manager of Centre Lake Medical, L.L.C., a Florida limited liability company (the "Company"), for and on behalf of the Company, hereby executes these Articles of Amendment to the Articles of Organization of the Company:

ARTICLE FIRST: The current name of the Company is Centre Lake Medical, L.L.C. and was filed with the State of Florida on November 18, 2009, Filing # L09000111007.

ARTICLE SECOND: The name of the Company, effective upon filing of these Articles of Amendment, is hereby changed to: 1st Centre, L.L.C.

ARTICLE THREE: The Amendment of Articles of Organization of the Company set forth above was duly adopted by the unanimous consent of the Members on February 14, 2011.

ARTICLE FOURTH: The effective date of these Articles of Amendment shall be upon the filing thereof with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned, has executed these Articles of Amendment as of the 15th day of February 2011.

CENTRE LAKE MEDICAL, L.L.C.

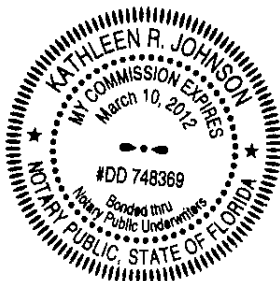
By: _____

Jim Swann, Trustee
Manager

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 15th day of February, 2011 by **JIM SWANN, Trustee as Manager of CENTRE LAKE MEDICAL, L.L.C., a Florida limited liability company**, who is personally known to me.

(Seal)



KATHLEEN R. JOHNSON