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BUGGIARY OF STATE

ALLAHASSEE, FLORIDA

COVER LETTER ..

TO: Registration Section Division of Corpo							
SUBJECT: Mc Coy Road II, LLC Name of Limited Liability Company							
	Name of Limited Liability Company						
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.						
Please return all correspond	ence concerning this matter to the following:						
	David B. Stroyan Name of Person						
	Name of Person						
	Intervest National Bank Firm/Company						
	. Firm/Company						
	625 Court Street						
	Address						
	Clearwater, FL 33 756 City/State and Zip Code d Stroyan@inbfl. com E-mail address: (to be used for future annual report notification)						
	City/State and Zip Code						
	a Stroyana in bfl. com						
	E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please call:						
David B	Stroyan at (727) 442-2551 erson Area Code & Daytime Telephone Number						
Name of F	erson Area Code & Daytime Telephone Number						
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy is enclosed) 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**

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Mc Coy Road II, LLC IALLARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) SEE, FLORIDA.

(A Florida Limited Liability Company) 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

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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	McCoy Road, LLC	625 Court Street Clearwater, FL 33756	Add X Remove
M <u>GRM</u>	Intervest National Bank	625 Court Street Clearwater, FL 33756	Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			FILED 10 FEB 16 AM II: 49 SECRETARY OF STATE PALLAHASSEE, FLORIDA
Dated	February 11, 20	10 	I: L9
	Signature of a member	Wyan MGR of authorized representative of a member Stroyan, MGR	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00