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10 MAR -3 PM 4: 14.
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HONOR VENTURES, LLC 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:	
Daniel F. LUCT Name of Person	
Firm/Company	
2842 SW 50 TERR	
Address Address	
City/State and Zin Code	
Address Address LOPE LOPAL, F1 33914 City/State and Zip Code DULUFF @ EMBORD MAIL LUM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DANIEL F. LUS-T at (239) 542-2036 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$	

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

HONGE VENTURI	=5, LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
(A Florida Ellinea El						
The Articles of Organization for this Limited Liability Company	were filed on 12-1-209 and assigned					
Florida document number L09000114454 .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
BURLEIGH - LUFT, LLC						
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation					
"L.L.C."	and the second					
Enter new principal offices address, if applicable:	LAPE CORAL, FI 33914					
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, F1 33914					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here						
registered agent and/or the new registered office address nere	•					
Name of New Registered Agent:						
Name of New Registered Agent.	7					
New Registered Office Address:	Enter Florida street address					
	Enter Florida street dataen 🛱					
· · · · · · · · · · · · · · · · · · ·	, Florida					
	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent;	FLOR FLOR					
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with					
the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	ete performance of my duties, and I am familiar with and rovided for in Chapter 608 F.S. Or if this document is					
being filed to merely reflect a change in the registered office						
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 = Man MGRM = Ma	ager anaging Member	SAM	18_	
<u>Title</u>	<u>Name</u>		Address	Type of Action
M6RM.	TERI A	BURLEIGH	4902 SW 17th CAPE CORAL, FT 3	Remove
MGRM	Daniel F	LUFT	1.00	Add Remove
				Add Remove
		.,		Add Remove
				Add Remove
				Add Remove
D. If amendi	ng any other informa	tion, enter change(s	s) here: (Attach additional sheets, if	necessary.)
Dated	NAME 2)	1 Luga	E DNLY authorized representative of a member	10 MAR -3 PH 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA
-	•	Daniel F.	LUFT printed name of signee	

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Filing Fee: \$25.00