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T. HAMPTON EXAMPLE

COVER LETTER

Division of Co	rporations
SUBJECT:	Leisure Property Group
SUBJECT:	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Jesus Rivera
	Name of Person
	Leisure Property Group
	Firm/Company
	P.O Box 690845
	Address
	Orlando/FL 32837
	City/State and Zip Code
•	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
	lesus Rivera at (407) Gol -3544
Name	of Person at (407) 601-3544 Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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



Leisur (<u>Name of the Limited Liabilit</u> (A Florida	re Property Group ty Company as it now appear Limited Liability Company)	rs on our records.)	.
The Articles of Organization for this Limited Liability 6 Florida document number 271424185	Company were filed on	12/2009	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			-
New Registered Office Address:	Eni	ter Florida street addr	ress
		, 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

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Maria Sarmiento	14410 Altamaha CT Orlando, FL 32837	☐ Add ☑ Remove
			Add Remove
 · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. Ifamen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary	DIVIS DIVIS
			DEC 13 P
 -			OF STATE
Dated	November 16 ,	2010	· ·

Page 2 of 2

Filing Fee: \$25.00