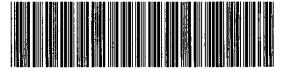
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(Requestor's Name)				
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COVER LETTER

	rporations		•
SUBJECT:		of Southwest Florida, L	LC
	Name of Linn	сей главину Сопірану	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		John M. Morgan	
		Name of Person	
		Firm/Company	
	8911	Daniels Parkway, Suite 6	
		Address	
	For	rt Myers, Florida 33912	
		City/State and Zip Code	
	E-mail address: (t	organ@morgantitle.com to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
	hn M. Morgan	at ()	54-0572
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o	our records.)
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," tl	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8090 Supply Drive)
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, Florid	a 33912
Enter new mailing address, if applicable:	8090 Supply Drive)
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, Florida 33912	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida street address
	C'	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			_
			Add
			Remove
			Add Remove
			Add
			Remove
	-		□Add □Remove
			Add
			Remove
D Ifamen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	
D. II amen	ung any other miormation, ent	er enange(s) never (zmaen aaamona, sneeds, y needsbary)	
			_
_			_
			_
			_
Dated	December 30	,	
	Signature of	a member or authorized representative of a member	
		John M. Morgan Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00