

LD900012144

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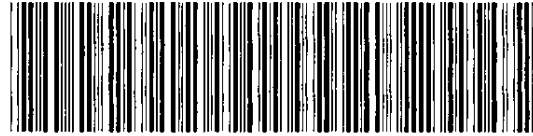
Special Instructions to Filing Officer:

**L. SELLERS**

DEC 29 2009

**EXAMINER**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 DEC 29 AM 8:01

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 223883 7741841

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : December 17, 2009

ORDER TIME : 11:33 AM

ORDER NO. : 223883-010

CUSTOMER NO: 7741841

DOMESTIC AMENDMENT FILING

NAME: SUMMERSIDE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS:

FILED  
09 DEC 29 AM 8:01  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUMMERSIDE, LLC

(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 12/22/2009 and assigned  
Florida document number L09000121144.

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:

O. JOSEPH APRIL

New Registered Office Address:

247 SCRIPPS RANCH RD

(Enter Florida street address)

POWELL

(City)

Florida

34759

(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)

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09 DEC 29 AM 8:01  
STATE  
ALSO  
CLERK  
TALLAHASSEE FLORIDA

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

Title	Name	Address	Type of Action
MGRM			
MGR M	O. JOSPEH APRIL	247 SCRIPPS RANCH ROAD	<input type="checkbox"/> Add
		POINCIANA, FL 34759	<input checked="" type="checkbox"/> Remove
MGRM			
MGR M	O. JOSEPH APRIL	247 SCRIPPS RANCH ROAD	<input checked="" type="checkbox"/> Add
		POINCIANA, FL 34759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.)*

Please correct the spelling of the signature of the authorized person to  
O. Joseph April CHANGING REGISTERED AGENT

Dated 12/28/09

  
 Signature of a member or authorized representative of a member  
O. JOSEPH APRIL  
 Typed or printed name of signee