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### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

ACCOUNT Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 : (727)442-1200

Fax Number

: (727)443-5829

nter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. \*\*

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Corporate Filing Menu

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1/26/2010

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#### ARTICLES OF AMENDMENT TO

10 JAN 26 AM 8: 34

# ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

LAKE KEOV	NEE, L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited L	( <u>ny ns it now appears on our records.</u> ) Liability Company)		
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	ollity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:	1245 COURT STREET, SUITE 102		
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL 33756		
Enter new mailing address, If applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the never:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florids		
Non-Posintan I Am at Cl	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 Arent

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## H100000179983

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 = Mana MGRM = Ma	igor naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	HEATHER L. WILLIAMS	2125 CANNA WAY NAPLES EL 34105	Add Remove
<u>ast. S</u> ec.	ALAN S. GASSMAN	1245 COURT STREET, SUITE 102 CLEARWATER FL 33756	Add Remove
			Add Remove
			Add Kemove
			Add []Remove
			Add Remove
D. If amendia	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	<u>√</u>
			FILED  10 JAN 26 M  SECKELARY OF
Dated	JANUARY 26 2010		8: 34 STATE FLORIDA
_		authorized representative of a member	<del></del>
_	ALAN S. GASSMAN, AL	JTHORIZED REPRESENTATIVE	

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