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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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G. HARVEY
DEC 2 9 2010
EXAMINER

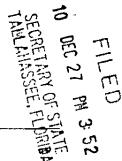
COVER LETTER

TO: Registration Division of C					
SUBJECT:	PENINSULA PROP	PERTY HOLDINGS VIII, I	LC TS 5		
	Name of Lin	nited Liability Company	EG 0		
	of Amendment and fee(s) are superior of the su		DEC 27 PM 3: 52 AHASSEE, FLORIB		
		Jennifer Weiss	関語が		
		Name of Person			
	Peninsula Bank, a	division of Premier American	Bank, N.A.		
	Firm/Company				
	4200 Aidea Laur				
	4300 Aidan Lane Address				
	North Port, FL 34287				
		City/State and Zip Code			
	JWe	iss@peninsulabank.com (to be used for future annual report notifica	Nio-Y		
For further information	concerning this matter, please	·	aciony		
Je	ennifer Weiss	at (941) 426-6	405 ext. 421		
Name	of Person	Area Code & Daytime	· · · · · · · · · · · · · · · · · · ·		
Enclosed is a check for \$25.00 Filing Fee	the following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy		
	ING ADDRESS:	STREET/COURIES Registration Section	(additional copy is enclosed) R ADDRESS:		

Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



PENINSULA PROPERTY HOLDINGS VIII, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A rionas Limites	BOTH N		
The Articles of Organization for this Limited Liability Company Florida document numberL10000001926	y were filed on(01/06/2010	and assigned
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,"	the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	4300 Aidan Lane	1	
(Principal office address MUST BE A STREET ADDRESS)	North Port, FL 34	287	
Enter new mailing address, if applicable:	4300 Aidan Lane		
(Mailing address MAY BE A POST OFFICE BOX)	North Port, FL 34287		
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 new
Name of New Registered Agent:	Richard Solano		
New Registered Office Address:	4300 Aldan Lan	e Iorida street ad	idress
	North Port	, Florida _	34287
	City	, FIOI Ida _	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 Registo of New Registered Agent

Page 1 of 2

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	<u>Name</u>	Address	Type of Action
MGR	Robert T. Granicz	3100 South McCall Road Englewood, FL 34224	
MGR	Sharon R. Rubin	3100 South McCall Road Englewood, FL 34224	☐ Add ☑ Remove
MGR	Sam Carter	4300 Aidan Lane North Port, FL 34287	✓ Add Remove
MGR_	Brian Van Slyke	4300 Aidan Lane North Port, FL 34287	
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	TAS 13 :
			FILE DEC 27 ECRETARY O
 Dated	October Nov. 15.	2010 Austria	PH 3: 52 PH 3: 52 PF STATE FLORIBA
		Richard Solano ped ov printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00