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EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	PJP Tampa Road, LLC				
SUBJECT,		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Gary Sizemore				
		Name of Person			
	Firm/Company				
	P.O. Box 1735 Address				
		Oldsmar, FL 34677			
		City/State and Zip Code			
	gsizem E-mail address: (1	nore@countrysidereps.com (to be used for future annual report notification)			
For further information concerning this matter, please call:					
G	ary Sizemore	at (813) 343-7017			
	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 & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en			
Regisi Diviși P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJP Tampa	Road, LLC	_	21.0			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea	rs on our records.)	PLOS A FI			
(71) Ordan Dillinoid I	ompany)		E 10 1			
The Articles of Organization for this Limited Liability Company	01/12/2010					
Florida document numberL1000004186	tumber L10000004186					
		,	07			
This amendment is submitted to amend the following:			ALC:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	general			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applicable:	3925 Tampa Road_					
(Principal office address MUST BE A STREET ADDRESS)	Oldsmar, FL 34677					
·						
Enter new mailing address, if applicable:	3925 Tampa					
(Mailing address MAY BE A POST OFFICE BOX)	Oldsmar, FL	34677				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new			
Name of New Registered Agent:						
New Registered Office Address: Enter Florida street address						
	Liner Frontau Street adaress					
	City	, Florida	Zip Code			
	cuy		zip Coae			

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

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 Type of Action **Address Title** <u>Name</u> James D. Sprecher Mgrm 201 Lakeview Road Tarpon Springs, FL 34689 ☐ Add
☑ Remove Mgrm The Lewisburg Group, Inc. 3925 Tampa Road Oldsmar, FL 34677 □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 10, 2010 2010 Dated Signature of a member or authorized representative of a member James D. Sprecher Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00