

Division of Corporations Electronic Filing Cover Sheet

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(((H10000109048 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I2002000094

: (770)777-2091

Fax Number

: (770)220-1943

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LF2 PREFERRED ACQUISITIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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MAY - 5 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	tion Section of Corporations				
SUBJECT:	LF2 Prefer	red Acquisitions LLC			
300000,1.		nited Liability Company	 		
	cles of Amondment and fee(s) are su				
		Sharon K. Gray			
		Name of Person			
Triad Professional Services, LLC		20 TF			
Firm/Company					
	And				
2050 Marconi Drive, Ste. 150					
		Assurvan			
Alpharetta, GA		Alpharetta, GA 30005	2010 KAY -4 AM '8: 17 SECRETARY OF STATE TALLAHASSEE, FLORID		
	City/State and Zip Code		유를 💝		
	Alpharetta, GA 30005 City/State and Zip Code dmacisaac@centrecorp.com E-mail address; (to be used for future annual report notification)				
5 6		•	(011)		
ror lutiner informa	ation concerning this matter, please	can:			
	Sharon K. Gray		7-2091		
,	lame of Person	Area Code & Daytime Telephane Number			
	c for the following amount:				
\$25.00 Filing F	ce \$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)		
R	(AILING ADDRESS: egistration Section bivision of Corporations	STREET/COURIER Registration Section Division of Corporation			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

LF2 Preferr	ed Acquisitions Li	LC	
(Name of the Limited Liability 6 (A Florida Li	Company as it now appear mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co Plorida document numberL10000016073	mpany were filed on	02/11/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed Jisbility company he	<u>re</u> t	2010 F
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "L	LC" of the abbreviation
Enter new principal offices address, if applicable:	<u></u>		min's r
(Principal office address MUST BE A STREET ADDRE	<u> </u>		F 57 89
Enter new mailing address, if applicable:			on J
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		our records, <u>enter t</u> l	ie name of the new
Name of New Registered Agent:	* 100 (100 100 100 100 100 100 100 100 10		
New Registered Office Address:	Em	ter Florida street addr	ASS.
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	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

Page 1 of 2

MGR = Monager

MGRM = Managing Member

If amending the Managers or Monaging Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	Rod Sheldon	2255 Glades Road, Ste. 324-A Boca Raton, FL. 33431	Add Remove
MRG_	Peter Brock	4650 Donald Ross Rd., Ste. 200 Palm Beach Gardens, EL. 33418	Add Remove
D. If omend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	Add Remove 2010 MAY -4 MM 82 17
Dated	Nay 4+h Signature of a me	mber or a)therized representative of a member	
	Ţ	Robert S. Green yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00