## LIUUVUVZ0316

| (Re                     | equestor's Name)  | ·           |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ad                     | ldress)           |             |
| (Aq                     | ldress)           |             |
| ,                       | ,                 | Ä           |
| (Cit                    | ty/State/Zip/Phon | e #) \( \)  |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   |             |
| (Do                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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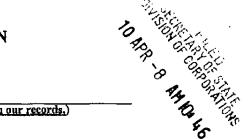
APR 1 2 2010

**EXAMINER** 

## **COVER LETTER**

| TO: Registration S Division of Co |  |   |  |  |
|-----------------------------------|--|---|--|--|
| SUBJECT:                          | Florida Reg  | gional Center LLC   |  |  |
|                                   |  | ited Liability Company  | <del></del>  |  |
|                                   | f Amendment and fee(s) are sub   | <u>-</u>  | 10 APR -8 AMBLE  |  |
| Please return all corresp         | ondence concerning this matter   | to the following:   | THE STATE OF THE S |  |
|                                   | <del></del>  | Sandy Albanese  |  |  |
|                                   |  | Name of Person  |  |  |
|                                   | Allied Capital and   | d Development of South Flo  | orida, LLC   |  |
|                                   |  | Firm/Company  |  |  |
|                                   | 11770 (  | 1   |  |  |
|                                   |  | Address   |  |  |
|                                   | Palm   | Beach Gardens, FL 33408   | ·····  |  |
|                                   |  | City/State and Zip Code   |  |  |
|                                   |  | @ACDofSouthFlorida.com to be used for future annual report notification.  | ication)   |  |
| For further information           | concerning this matter, please of  | •   | ,  |  |
| Sa                                | indy Albanese  | at ( 561 )  | 799-0050   |  |
| Name                              | of Person  | Area Code & Daytim  | e Telephone Number   |  |
|                                   |  |   |  |  |
| Enclosed is a check for           | the following amount:  |   |  |  |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed  | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |  |
| Regis<br>Divis<br>P.O.            | LING ADDRESS:<br>stration Section<br>ion of Corporations<br>Box 6327<br>hassee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce<br>Tallahassee, FL 32 | on<br>rations<br>enter Circle  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Florida Regional Center LLC  |                                     |  |                              |                         |
|--|-------------------------------------|--|------------------------------|-------------------------|
| (Name of the Limited L<br>(A F   | iability Compan<br>lorida Limited L | iv as it now appear<br>iability Company) | s on our records.)           | "H                      |
| The Articles of Organization for this Limited Liab Florida document numberL100000203       | oility Company                      |  |                              | •                       |
| This amendment is submitted to amend the follow  | ving:                               |  |                              |                         |
| A. If amending name, enter the new name of t   | he limited liabi                    | lity company her                         | <b>&amp;:</b>                |                         |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limit                    | ted Liability Compa                      | ny," the designation "L      | LC" or the abbreviation |
| Enter new principal offices address, if applicable:  |                                     | 11770 US Hig                             | ghway One                    |                         |
| (Principal office address MUST BE A STREET   | ADDRESS)                            | Suite 301                                |                              |                         |
|  |                                     | Palm Beach                               | Gardens, FL 3340             | 8                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)       |                                     | 11770 US Hig<br>Suite 301                |                              |                         |
|  |                                     | Paim Beach                               | Gardens, FL 3340             | 8                       |
| B. If amending the registered agent and/or registered agent and/or the new registered offi |                                     |  | our records, <u>enter tl</u> | ne name of the new      |
| Name of New Registered Agent:  | M. Keil Hackley                     |  |                              |                         |
| New Registered Office Address:   | s Corporate Pky                     |  |                              |                         |
| <del></del>  | Enter Florida street address        |  |                              |                         |
|  |                                     | Sunrise                                  | , Florida                    | 33325                   |
|  |                                     | 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 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

| <u>Title</u> | <u>Name</u>                              | Address   | Type of Action    |
|--------------|--|---|-------------------|
| MGRM         | Florida Regional Center G                | 11770 US Highway One<br>Suite 301<br>Palm Beach Gardens, EL 33408 | Add Remove        |
| <u>MGRM</u>  | Nicolas A. Mastrolanni, II               | 11770 US Highway One<br>Suite 301<br>Palm Beach Gardens, FL 33408 | Add 7 Remove      |
|              |  |   | Add Remove        |
|              |  |   | Add Remove        |
|              |  |   | Add Remove        |
| <del></del>  |  |   | AddRemove         |
| D. If am     | nending any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary              | <del></del><br>•) |
|              |  |   |                   |
|              |  |   | <del></del>       |
| Dated        | March 22                                 | 2010  |                   |
|              |  | ber or authorized representative of a member                      |                   |
|              | Nicho                                    | bed or printed name of signee                                     | <b>—</b>          |
|              | ` <b>L</b>                               | Pogo 2 of 2   |                   |

Page 2 of 2

Filing Fee: \$25.00