L10000025507

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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C						
SUBJECT:	LMNF	R Pines, LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
Name of Person						
	Law Off	ices of Holly A. Mantle,	P.A			
		Firm/Company				
	1575 In	dian River Blvd., Ste. C-	-120			
		Address				
	V	ero Beach, FL 32960				
		City/State and Zip Code				
	abo E-mail address: (ootes@mantlelaw.com to be used for future annual report i	notification)			
For further information	concerning this matter, please c		······· ·			
Δ	Ilyson Bootes	at (772)	569-1101			
Name	e of Person		ytime 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAI	LING ADDRESS:	STREET/CO	URIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp. (A Florida Limited	ines, LLC	rs on our records.		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on	March 5, 2010	and assi	igned
Florida document numberL10000025507				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company he	re:		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	mited Liability Comp	any," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u>.</u>	
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		our records, enter	the name o	f the nev
registered agent and/or the new registered office address in	<u> </u>		₩s →	
Name of New Registered Agent:			10 APR	
New Registered Office Address:			₽⇒ N	************
	E	nter Florida street aa	ddress P	; **
	City	, Florida _	77,	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		ORIGINAL CODE	·

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LMNR, LLC	1030 Grandview Bivd. Ft. Pierce, FL 34982	Add Remove
<u>MGRM</u>	Rue Lane Brown	1030 Grandview Blvd. Ft. Pierce, FL 34982	Add Remove
MGRM	Nancy B. Dalton	1030 Grandview Blvd. Ft. Pierce, FL 31982	Add Remove
<u>MGRM</u>	Ruth B. McKinney	1030 Grandview Blvd. Ft. Pierce, FL 34982	Add ∕ Remove
MGRM	Faye B. McCulley	1030 Grandview Blvd Et. Pierce, FL 34982	Add ∕Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	Add Remove
			_ _ _
Dated	Ful 12 Signature of a fr	nember or authorized representative of a member	
		Holly A. Mantle, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00