

L10000027069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

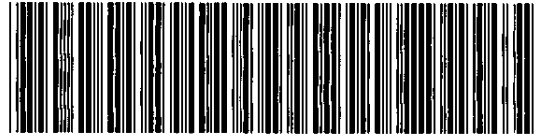
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B. KOHR

OCT 21 2010

EXAMINER



500186311485

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10 OCT 20 AM 11:28

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 21 2010

EXAMINER

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 20 PM 12:35



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 549190 7719989  
AUTHORIZATION : *Sybil Coleman*  
COST LIMIT : \$ 25.00

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 20 PM 12:35

ORDER DATE : October 20, 2010  
ORDER TIME : 10:14 AM  
ORDER NO. : 549190-010  
CUSTOMER NO: 7719989

DOMESTIC AMENDMENT FILING

NAME: 820 LAWHON, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 20 PM 12:35

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

820 LAWHON, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 10, 2010 and assigned  
Florida document number L10000027069.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

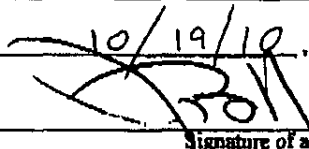
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael J. Barker	50 N. Laura Street, Suite 2200 Jacksonville Florida 32202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jon J. Bucenell	400 Montross Court Chesapeake, VA 23323	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

10/19/10  


Signature of a member or authorized representative of a member

Jon J. Bucenell

Typed or printed name of signee