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C. LEWIS

JUN 2 5 2010

EXAMINER

COVER LETTER

Division of C	e e e e e e e e e e e e e e e e e e e				
SUBJECT:	Abors of Sendera Investments, LLC				
	Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are submitted for filing.				
Please return all corres	pondence concerning this matter to the following:				
	Darin Wade Mellinger, Esquire Name of Person				
	Name of Person				
	Darin Wade Mellinger, P.A.				
	Firm/Company				
	1200 North Federal Highway, Suite 200				
	Address				
	Boca Raton, Florida 33432				
	City/State and Zip Code				
	dwm@mellingerlaw.com E-mail address: (to be used for future annual report notification)				
For forther in Comments					
roi idialei mioiliation	concerning this matter, please call:				
Darin Wa	de Mellinger, Esquire at (561) 210-8570				
Name	of Person Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Regis Divis P.O. I	LING ADDRESS: STREET/COURIER ADDRESS: Registration Section Division of Corporations Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2010 JUN 24 PM 10: 10

Abors (Name of the Limited (A	of Sendera Liability Compa Florida Limited I	Investments, ny as it now appear Liability Company)	LLC s on our record	SECRETARY OF STATE FALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Li Florida document numberL10000059	ability Company			
This amendment is submitted to amend the following	owing:	•		
A. If amending name, enter the new name of	the limited liab	ility company here	<u>e</u> :	
Arbors	of Sendera I	nvestments, LL0	C	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applica	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X)</u>	N/A		
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	r registered office address here	g: 	er Florida streed	t address
		City	, Florid	Zip Code
		City		Lip 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:

<u>lle</u>	Name	Address	Type of Action
<u>'A</u>			
			Remove
			— ——
<u></u>			AddRemove
			☐ Add ☐ Remove
<u></u>			☐ Add ☐ Remove
			Add
f amend		ter change(s) here: (Attach additional sho	eets, if necessary.)
_			
 			2010 JUN 24 SECRETARY TALLAHASSI
:d	June 22	2010 _/	N 24 P

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Filing Fee: \$25.00