

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cody's At Gainesville LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Demetriadis
Name of Person
Cody's At Gainesville LLC
Firm/Company
2505 SW College Road
Address
Ocala, FL 34471
City/State and Zip Code
codysocala@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Demetriadis at (**352**) **237-8182**
Name of Person Area Code & Daytime 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Cody's At Gainesville LLC

2010 NOV 24 AM 10:31

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/09/2010 and assigned Florida document number L10000072666.

This amendment is submitted to amend the following:

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

Cody's At Gainesville LLC

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:

2505 SW College Road

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34471

Enter new mailing address, if applicable:

2505 SW College Road

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34471

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:

John Demetriadis

New Registered Office Address:

2505 SW College Road

Enter Florida street address

Ocala

, Florida

34471

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:

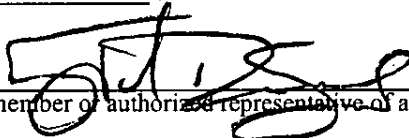
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Demetriadis	2505 SW College Road Ocala, FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Allen Musikantow	2505 SW College Road Ocala, FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Eugenia Demetriadis	2505 SW College Road Ocala, FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Konstantine Varvaris	2505 SW College Road Ocala, FL 34471	<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

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

2010 NOV 24 AM 10:32
 FILED
 STATE OF FLORIDA
 FALL WAREHOUSE

Dated November 23, 2010



 Signature of a member or authorized representative of a member
 John Demetriadis

 Typed or printed name of signee