## L10000076119

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SLOBELLARY, OF SPATE

S. HAWKES

AUG 2 6 2010

EXAMINER

## **COVER LETTER**

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TÖ:	Registration So Division of Con			,
SUBJE	CT:	LAND DEVELOPME	ENT BY JOSH WALD	, LLC
			ted Liability Company	
			•	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			AYNES E. BRINSON	
			Name of Person	
		BRINS	SON AND BRINSON, P.A	١
			Firm/Company	
		28 N.	JOHN YOUNG PARKWA	<u>Y</u>
			Address	
		KI	SSIMMEE, FL 34741	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification) ,
For furt	her information o	concerning this matter, please o	all:	
	HAYNI	ES E. BRINSON	at ( 407 )	847-8674
	Name o	of Person	Area Code & Days	ime Telephone Number
Enclose	ed is a check for the	ne following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LAND DEVELOPMENT BY JOSH WALD, 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 Liab	oility Company were filed on	JULY 19, 2010	and assigned
Florida document number L100000761	19	<del>-</del>	
This amendment is submitted to amend the follow	<b>V</b>	; ;	10 NIC 25
A. If amending name, enter the new name of the		<del></del>	300
	<u>PMENT BY JOSHUA WAL</u>		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "l	LC" of the abbreviation
Enter new principal offices address, if applicab	de:		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:		our records, enter 1	he name of the new
regionaled Office Hudress.		nter Florida street ada	ress
		, 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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			Ad Renfove
			Renfove 55 AM
			Add <b>3</b>
			Remove
			Add Remove
			<del></del>
			Add Remove
. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.,	)
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ated	,		
	11/11		
	Signature of a member Joshua U	er or authorized representative of a member	<del> </del>

Page 2 of 2

Filing Fee: \$25.00