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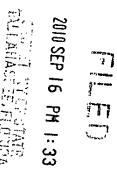
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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J. SAULSBERRY EXAMINER

SEP 1 7 2010

COVER LETTER

TO:	Registration S Division of Co						
SHRII	rct.	. 740	PRE, LLC				
,			ited Liability Company				
~			•				
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
			Name of Person		*** <u>*</u>	2	
		1	Craig D. Blume, P.A.			2010 SEP 16	\$10000/\$ m
		- •	Firm/Company			EP	ger-proper per-proper
	800 Harbour Dr. Ste 9						<u> </u>
			Address			PH —	
Naples, FL 34103						-: 33	
			City/State and Zip Code			•	
		naple E-mail address: (eslawoffice@earthlink.net to be used for future annual report notificati	on)			
For fur	ther information	concerning this matter, please of	call:				
()	PAIG BO	LI NE	239 417-	4848			
	Name	of Person	at <u>239) 4/7-6</u> Area Code & Daytime To	elephone Number			
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificat Certified (additional	e of Stat Copy		sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

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

. 740 F				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on outliability Company)	ır records.)		
The Articles of Organization for this Limited Liability Company	were filed on8/	20/2010	and assigned	
Florida document numberL10000087469				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," th	e designation "LL	.C" or the abb	reviation
Enter new principal offices address, if applicable:	4308 Longshore W	ay South 💰	20	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34104	71	S O	uniori trang
]>	- T	# 1
		; · · · · · · · · · · · · · · · · · · ·	∯ 16	3
Enter new mailing address, if applicable:	4308 Longshore W	ay South	<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34104	;;	= =	Name of the last
		ŢĢ ŽS	က ယ	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, <u>enter th</u>	e name of t	he new
Name of New Registered Agent:				··· ·
New Registered Office Address:				
	rida street addre	ess.		
		_, 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR Peterson Properties Holding 4040 Cottage Court ☐ Add Marco Island, FL 34145 ✓ Remove MGR Lucia Foiani 4308 Longshore Way South **✓** Add Remove Naples, FL 34104 ☐ Add Remove Add Remove $\prod Add$ Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) s. Signature of a member or authorized representative of a member

Supractive for Forest / Mucher & Musey

Typed or printed name of signee

CRAIL BUME Page 2 of 2

Filing Fee: \$25.00