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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Filips Officer				
Special Instructions to Filing Officer:				
L. SELLERS				
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EXAMINER				

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COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJE	ME Clermont, LLC			
		···	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
	Deborah L. Glorius Name of Person			
			Name of Person	•
ME Clermont, LLC				
Firm/Company 14037 Zephermoor Lane				
Address				
Winter Garden, FL 34787 City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	ther information	concerning this matter, please of	all:	
	De	borah Glorius	at (407)	340-6535
	Name o	of Person	Area Code & Daytime	
		he following amount:		
√] \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ME Clermor	nt, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appoility Company	ears on our records.)	
			n , , ,
	ere filed on	December 21, 2010	and assigned
Florida document numberL10000130011			
This amendment is submitted to amend the following:			
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 egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 1.2. Florida 1.2.			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Com	npany," the designation "L	LC" or the abbreviation
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 registered agent and/or the new registered office address here:	address on	our records, enter th	he name of the nev
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		ļ.	
	1	\$ 100 m	2 0 P
	City	, Florida ———	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· /		
		برق	1 60

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 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 **Title** Name 1 <u>Address</u> **Type of Action** MGRM Donald S. Glorius, Sr. 14037 Zephermoor Lane **✓** Add Remove Winter Garden, FL 34787 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 13 2011 Dated ___ Signature of a member or authorized representative of a member Deborah L. Glorius Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00