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SECRETARY OF STATE

J. BRYAN

MAY 27 2011

EXAMINER

COVER LETTER

то:	Registration S Division of Co				·
SUBJECT: 214		214 G	lenwood, LLC		
		Name of Lim	ited Liability Company		
The en	closed Articles o	f Amendment and fec(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Karena J. Carnahan		_		
			Name of Person		
North Atlanta Law G		n Atlanta Law Group, P	P.C.	_	
		Firm/Company		PSE =	
11680 Great Oaks Way, Suite 100		e 100	GR E T		
		Address		TAR 26	
		ΔIr	sharetta Georgia 3002	2	HAY 26 PH 2: 28 1 MAY 26 PH 2: 28 ECRETARY OF STATI
	Alpharetta, Georgia 30022 City/State and Zip Code			FIG. 2:	
		kcarn	ahan@northatlantalaw	.net	高品 28
For fur	ther information	E-mail address: (concerning this matter, please of	to be used for future annual repo call:	rt notification)	دي
	Kar	ena Carnahan	at (770)	667.1290	
Name of Person			Daytime Telephone Numbe	·!'	
Enclose	ed 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 en	closed) Certifie	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/Control Registration Division of Control Build	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

214 Gleni (Name of the Limited Liability Com	nwood, LLC pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compa		and assigned	
This amendment is submitted to amend the following:		FILE PROPERTY OF	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	55.72 2	
	vood, LLC		
The new name must be distinguishable and end with the words "Li'L.L.C."	mited Liability Company," the designation	"LLC" or the hibreviation	
Enter new principal offices address, if applicable:	1 Beaufort Rise		
(Principal office address MUST BE A STREET ADDRESS)	(RESS) Warrandyte Victoria 3113		
	Australia		
Enter new mailing address, if applicable:	1 Beaufort Rise	** "	
Mailing address MAY BE A POST OFFICE BOX)	Warrandyte Victoria 3113		
	Australia		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		r the name of the new	
1000 411			
New Registered Office Address:	Enter Florida street address		
_	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			<u> </u>
			— 13
			Add Remove
D. If amen	ding any other information, en	nter change(s) here: (Attach additional sheets, if nece	FILED 11 MAY 26 PM 2: 22 SECRETARY OF STATE FAILAHASSEE, FLORID
Dated	April 13	Mechae DE Tacol	
	Signature o	of a member or authorized representative of a member	
		Michael E. Jacobs, Organizer	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00