## L11000050912

(Requestor's Name)						
(requestors rearroy						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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SECRETARY OF STATE OF STATE OF CORPORATIONS

N. Cuttigen MAY \_ 9 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJI	ECT:	Воз	Tree	Name of Lim	ited Liability Company		
The en	closed Art	icles of	Amendm	ent and fee(s) are su	bmitted for filing.		
Please	return all o	correspo	ndence co	oncerning this matte	r to the following:		
			_Ste	phanie Schwal	Name of Person		
			Kra	mer, Sopko &	Levenstein, P.A. Firm/Company		
			230	O SE Monterey	Road, Suite 100		
			_Stu	art, Florida	34996 City/State and Zip Code		
			<u>abi</u>	gail.j.feder@ E-mail address: (	jpmorgan.com (to be used for future annual report notificat	ion)	
For fur	ther inform	nation c	oncerning	this matter, please of	call:		
_Ste	phanie	Schwa Name o			at ( <u>772</u> ) <u>288–0048</u> Area Code & Daytime T	clephone Number	
Enclos	ed is a che	ck for th	ie followi	ng amount:			
<b>X</b> \$25	5.00 Filing	Fee		00 Filing Fee & ertificate 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)	

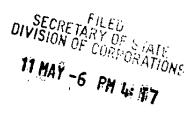
MAILING ADDRESS:

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



Box (Name of the Limited Liability Con (A Florida Limite	Tree LLC npany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa			
•	any were med on April	29, 2011 and assigned	
Florida document number <u>L11000050912</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and end with the words "L".L.C."	Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		records, enter the name of the new	
Name of New Registered Agent:			
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 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:

Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. Ifam	ending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
	is amended to the address list	cle V of the Articles of Organization ted below: Road	SECRETAR DIVISION OF C
	Hobe Sound,		<b>∺</b> ≺!
Dated	May 3 , 20	011	OF STATE SHORE THE STATE ON STATE OF ST
	Quipe il Shy te Signature of a memb	per or authorized representative of a member	
	Abigail J. Feder, Trus	stee ed or printed name of signee	

Page 2 of 2

Filing Fee: S25.00