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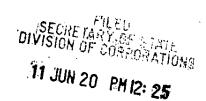
COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: C. Lindsay Lowe JR LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ROSALYN LOWE Name of Person					
C. Lindsay Lowe JR LLC Firm/Company					
1122 Anchor Aue Address					
The Villages FL 32/62 City/State and Zip Code Roz Lowe 2-a Rol com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Rosalyn Lowe at 352 753 4896 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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



C. L.	indsay Lowe JR: LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on April 19, 20 and assigned on 56246
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of CABLL The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	in d Say Lowe JR LLC the the words "Limited Liability Company," the designation "LLC" or the abbreviation able:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent: New Registered Office Address:	ROSALYN LOWE 1122 Anchon Ave Enter Florida street address The Villages, Florida 32162 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

R = Ma RM = N	nager Aanaging Member		
<u>e</u>	<u>Name</u>	Address	Type of Act
			Add
			Add Remove
			
			Add Remove
			Add
			Remove
			AddRemove
			Add Remove
f amend	ling any other information, enter	change(s) here: (Attach additional sheets, if nece	essary.)
			parents for .
			T JUN 20
	1 1/ 201/		—— 2
d	6-15-2011,	<u></u>	PM 12: 25
	Signature of a/r	nember or authorized representative of a member	
	Ros ALY	M. Lowe Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00