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SECHETARY OF STATE

D. BRUCE

NOV 17 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Con			,	
SUBJECT:	OLD CHENEY R	OAD PROPERTIE	S. LLC	
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
	E	dward W. Soulsby, Es	q.	_
		Name of Person		
	Kenneth	n B. Wheeler, LL.M. Ta	ax, P:A.	_
		Firm/Company		
	1155 L	₋ouisiana Avenue, Sui	te 100	_
		Address		
		Winter Park, FL 32789)	_
		City/State and Zip Code		% 1388 1388 1388 1388 1388 1388 1388 138
	E-mail address:	g@rainaldiplumbing.c (to be used for future annual rep	ort notification)	ECRETA
For further information of	concerning this matter, please	call:		All 9
	W. Soulsby, Esq.	at (_407_)	645-1779	
Name o	of Person	· Area Code &	t Daytime Telephone Numbe	MII:55
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	Registratio Division of Clifton Bui 2661 Exect	f Corporations ilding utive Center Circle e, FL 32301	

Brown William Commence

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLD CHENEY ROAD	<u>PROPERTI</u>	ES, LLC	_
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000074281	were filed on	June 27, 2011 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
OLD CHENEY HIGHWA	Y PROPERTIE	S, LLC	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	any," the designation "LLC" or the	ne abbreviation
Enter new principal offices address, if applicable:	*		
(Principal office address MUST BE A STREET ADDRESS)		五元	E II
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RY OF STATE SEE. FLORIDA	0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the name	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Eı	nter Florida street address	
		, Florida	
	City	Zip C	ode

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			[] D
			AddRemove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	FILED II NOV 16 ATILIS SALLAHASSEE FINAL
Dated X0 1	Leond W.	corauthorized repletentative of a member	<u> </u>
		RD W. SOULSBY, ESQ.	

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Filing Fee: \$25.00