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T. HAMPTON

OCT & 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLORIDA CONNEXION PROPERTIES 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:
ROSANA R. ALMEIDA Name of Person
FLORIDA CONNICTION PROPERTIES LLC Firm/Company
8113 Breeze Cove Jane Address
Orlando - Fl - 32819
Orlando - Fl - 32819 City/State and Zip Code POSANAGLMEIDA @ YAHOO. OM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSANA R. ALMEIDA at 407, 468 5600 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FLORI DA CONN	JEXION PR	opernes	SLLC	
(<u>Name of the Limited L</u> (A F	iability Compan Iorida Limited Li	y as it now appe ability Company	ars on our records.)	
The Articles of Organization for this Limited Lial Florida document number	bility Company v		8/26/2011	and assigned
This amendment is submitted to amend the follow	ving:			FILED PHID
A. If amending name, enter the new name of t			ere:	LED 20 PH
The new name must be distinguishable and end with 'L.L.C.'	the words "Limite	ed Liability Com	pany," the designation	"LUCY or the abbreviation
Enter new principal offices address, if applicat	ole:			*
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter	the name of the new
Name of New Registered Agent:	10 SE	MILSON	ЦМА	
New Registered Office Address:	7411	INTERN	ATIONAL DR	IUE
		E	nter Florida street ad	ddress
	ORLANDO		, Florida _	32819 Zip Code
		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>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			· Add Remove
·	·		
			Add Remove
			Remove
D. If amend	ing any other information, ent	ter change(s) here: (Attach additional shee	ets, if necessary.)
			FILED PH
 Dated 9 (tober, 18	, 2011 Polmeide	LED 20 PH 12: 30 SSEE, FLORIO

Page 2 of 2

Filing Fee: \$25.00