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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JAN 1 0

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	Ridgemo	or 28 Acres, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Bryan J. Stanley	
		Name of Person	
	E	Bryan J. Stanley, P.A.	
		Firm/Company	
		209 Turner Street	
		Address	
	Cle	earwater, Florida 33756	
		City/State and Zip Code	
	E-mail address: (an@bryanjstanley.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
Br	yan J. Stanley	at (727) · 40	61-1702
	of Person	Area Code & Daytime T	
Enclosed is a check for	the following amount:		
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN -9 PH 2: 48

Ric	lgemoor 28 Acres, LLC		
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial	oility Company were filed on	December 23, 2011	_ and assigned
Florida document numberL110001436			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
F	Ridgemoor Acres, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC	C" 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> </u>		
			-
B. 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:			
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:

MGR = Manager

Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>_</u>			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SECRETARY JIVISION OF CO 12 JAN -9
_			PH 2: 4
_			8 NS
Dated	January 6 , 201	$\frac{2}{a}$	
	Signature of a member of	or authorized representable of a member	

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Filing Fee: \$25.00