

L12000043689

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

FILED
2012 APR 12 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000096766 3)))



H120000967663ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAX PLACE
Account Number : I20100000011
Phone : (954) 369-4444
Fax Number : (954) 369-4446

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 APR 12 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M & M EXECUTIVE PROPERTIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & M EXECUTIVE PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 2012 APR 12 AM 8:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/29/2012 and assigned Florida document number L12000043689

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

235 SW Port Saint Lucie Blvd Port Saint Lucie, FL 34985

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

526 SW LAKE MANATEE WAY PORT SAINT LUCIE FL 34986

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL J. KEEGAN	526 LAKE MANATEE WAY PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARIA SILVA F. KEEGAN	526 LAKE MANATEE WAY PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2012 APR 12 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 10th 2012

x M J Keegan
Signature of a member or authorized representative of a member
MICHAEL J. KEEGAN
Typed or printed name of signee