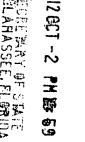
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT OCT -5 2012 EXAMINER				

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SIBIECT.	PELHAM SOU	ARE INVESTORS, LLC	
SUBJECT:		ited Liability Company	,
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	ELIZABETH F WILLIAMS Name of Person		SECRET
		Name of Follows	SSEE, PL
		Firm/Company	
	509 W NEW YORK AVENUE		हिं <b>स ह</b>
		Address	<del></del>
•	DELAND, FL 32720		
		City/State and Zip Code	
	E-mail address:	estrobeck@cfl.rr.com (to be used for future annual report notifica	ation)
For further information	concerning this matter, please	call:	
	ETH F WILLIAMS	ar \	34-0365
Name	of Person .	Area Code & Daytime	elephone Number
Enclosed is a check for	the following amount:	·	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PELHAM SQUARE INVESTORS, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on APRIL 25, 2012 and assigned
Florida document numberL12000055860	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabil	SECRET SEE
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LAG" or the abbreviation
Enter new principal offices address, if applicable:	100A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1.0. Box 457 Deland, Fl 32721-0457
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> **Type of Action** MGRM ELIZABETH F WILLIAMS **509 W NEW YORK AVENUE** DELAND, FL 32720 √ Remove MGR ELIZABETH F WILLIAMS **509 W NEW YORK AVENUE √** Add Remove DELAND, FL 32720 Add Remove 13854 1.214 Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00