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	Division of Con	porations	D T
	Fax Number	: (850)617-6383	
From:			
	Account Name	: METRO BUSINESS AGENCY, IN	
	Account Number	120080000101	<b>v</b> o <u>v</u> o <u>-</u>
	Phone	: (239)466-8600	
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K.SALY EXAMINER AUG 7 2012 **TROM metro business agency** 

# (FRI)AUG 3 2012 18:35/ST. 18:34/No. 9160170675 P 2

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12 AUG -6 AM 8: 35

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LO-DEBAR LLC	
(Name of the Limited Liability Company on it now appears on our seconds.) (A Plotide Limited Liability Company)	

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_07/30/2012 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_ L12000097927 \_\_\_\_\_

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited Hability company hare

#### LO-DEBAR PROPERTIES | LLC

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

Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BB A STREET ADDRESS)		
Roter new mailing address, if applicables	N/4	
(Mailing address MAY BE A POST OFFICE BOX)		

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

Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
-	, Floride	
	City	Zip Code

#### New Registered Agent's Sizenture, 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 Chopter 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.

NA

If Changing Registered Agent, Stanature of New Resistored Agent

Page 1 of 2

FROM metro business agency

If amending the Managars 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 = Mauaging Member

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Add Remove	Title	Name	Address	Type of Action
Add Remove	<u></u>	N/A		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated				
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Maria da Silva - Signature of a momber or authorized representative of a momber				
	Dated			_
		Maria	, da Silva -	
MARIA DA SILVA		Signature o		
Typed or printed name of signee			MARIA DA SILVA	<u> </u>

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