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SECRETARY OF STATE

J. BRYAN

NOV 26 2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Ladybird Florida Proper Name of Limited Lia	ties LLC ability Company
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to the	
	Firm/Company
Ladybird Florida	Properties, LLC Firm/Company REST
1540 Lake Mary PI	Address Art Address
	32746 (State and Zip Code 3x000.(0 W) set for future annual report notification)
For further information concerning this matter, please call:	,
Patrick Gill, CPA Name of Person	at (No 7) 829-8530 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Scertified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	:
MAILING ADDRESS:	STREET/COURIER 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	o Deitics, LLC ry Company as it now appears or	our records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 上しつのいるつりも	Company were filed on\O_I	130/12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		TALE PER
		ES 5 T
Enter new mailing address, if applicable:		CAHE TO T
•••		97
(Mailing address MAY BE A POST OFFICE BOX)	Y BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our <u>dress here</u> :	<u> </u>
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>	Name	Address	Type of Action
MGRM	Simon Hunsla	1540 International Pkwy Ste 301	O Add
		Lake Mary, FL 32746	Remove
MGRM	Jonathan Hansla	1540 International Pkmy, Ste 30 Lake Mary, FL 32746	·
		Lake 11447, 1 C > > 10	Remove
			Add
			Remove
			Add
		TALLAHASS	70 2 NOV 21
		TO TO THE STATE OF	Add
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f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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l	11/15 2012
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	C Drue
	Signature of a member or authorized representative of a member
	Carl Hansla
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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