Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number - : (850) 517-6383

FYOM

Account Name : FERGESON, SKIPPER, SHAW, KEYSER, BARON & TIRABASSI, P.A.

Account Number : I20040000185 Phone : (941)957-1900

Phone : (941)957-1900 Pax Number : (941)957-1800

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

Email Address: rgans@fergesonskipper.com

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Corporate Filing Menu

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JAN 1 7 2013 T. HAMPTON i,n

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H130000128233 GIVE CORP

AP COPPER RIDGE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/9/2012 and assigned Florida document number <u>L12000142330</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AP SPRING MARSH, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

H130000128233

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 Type of Action Title Title Name <u>Address</u> MARK SALZBERG MGR 1515 RINGLING BLVD, 10TH FLOOR SARASOTA, FLORIDA 34236 Remove **GIANNI LATINO** 47 S. PALM AVENUE, SUITE 209 MGR SARASOTA, FLORIDA 34236 Add ۻ CRemove or

Remove

D. If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated JANUAR	Y 16 2013
	1)08
7	Signature of a member or authorized representative of a member
R CH.	ARD R. GANS, ESQ Typed or printed name of signee
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	Filing Fee: \$25.00

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