

OCT. 31 2013

GASSMAN LAW ASSOCIATES, P.A.

NO. 2150

P. 1

Page 1 of 1

L13000152319

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H13000241880 3)))



H130002418803ABC

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 : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TERRELL PINES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 31 AM 8:29

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV - 1 2013

T. HAMPTON

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TERRELL PINES, L.L.C.

(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 OCTOBER 29, 2013 and assigned
Florida document number L13000152319

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)

2360 CONGRESS AVENUE

CLEARWATER, FL 33763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2360 CONGRESS AVENUE

CLEARWATER, FL 33763

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

City, Florida 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

OCT. 31. 2013 11:06AM

GASSMAN LAW ASSOCIATES P. A.

NO. 3159 P. 3

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 31 AM 8:29

FILED

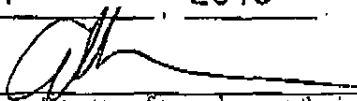
OCT. 31. 2013 11:06AM

GASSMAN LAW ASSOCIATES P. A.

NO. 3159 P. 4

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

Dated OCTOBER 31 2013



Signature of a member or authorized representative of a member

ALAN S. GASSMAN, AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 31 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA