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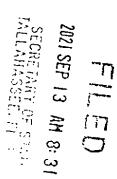
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 81 Santa Rosa St LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maureen Daly Name of Person	
81 Santa Rosa St LLC Firm/Company	
468 Coilege Ave-	
We Funial Springs FL 32435	
Maureendaly 76 eg maile com E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mauveen Day at 850, 867-3605 Name of Person Daytime Telephone Number	_
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	taius &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0.

FILED

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U 1 =	st LLC	SECRETARY	Y OF STATE
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now ap rida Limited Liability Compa	ny)	, .
The Articles of Organization for this Limited Liability Florida document number <u>L 2 1000 3 85</u>	y Company were filed on 734	08-30-2	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability compan	y here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company."	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD.	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on ou e:	ır records, <u>enter the nar</u>	ne of the new registered
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Keith R. Wright	468 College Ave, Of Funiak FL 32435	DAdd Spri Legs Beemove
MGR	Maureen Daly	41.5 College Ave.	□ Change
		468 College Ave. Defuniar Springs FL 32435	Remove
		<u> </u>	Change
			□Add □Remove
			□Change
			□Add □Remove
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			□Add
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ecord specifies a distribution is filed.	lelayed effective date	, but not an effecti	ve time, at 12:01 a	.m. on the earlier of	(b) The 90th day	after
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	cursen I	nure of a member or	authorized represent	ative of a member		-
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