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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 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:					
Chris Cellbre Name of Person					
North Flurida Land Services					
8606 Edison Rd. Address					
Lithia FL 33547					
City/State and Zip Code Chn3 (lebre 96 @ 9 Mai). Ush E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Chris Celebre at (352) 572-8706 Name of Person at (352) Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate Opy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

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 OF

North Florida	land se	nius	LLC			
(<u>Name of the Limited</u> (A	Florida Limited	Liability Com	appears on ou cany)	<u>r records.</u>)		
The Articles of Organization for this Limited Liab Florida document number <u>L}2000194156</u>		y were filed o	on <u>4/</u> 2	5/2002	and assi	gned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited lia	bility compa	ny here:			
The new name must be distinguishable and contain the work	ds "Limited Liab	- ility Company,	" the designation	on "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET	ADDRESS)					
					202	0,
Enter new mailing address, if applicable:					13°. √Ω∾	SECRITA ISON OF
(Mailing address MAY BE A POST OFFICE BO	0X)					
	<u>7</u>					- 경투도 - 경투도
			<u> </u>		?:	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on	our records	, <u>enter the na</u>	me of the 1750w	registered
Name of New Registered Agent:			- 1			
New Registered Office Address:	8606	Edison	er Florida stree	t addrase		
	Lithi	<i>En</i> i.	er i ioriaa sirei	, Florida	33547	
		City		, rivilua _	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
	,	-	□ Change
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□ Remove
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			Remove
			□Change
			□Add
			□ Remove
			□ Change

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
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