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#### LAW OFFICES OF

## BAXTER, STROHAUER, MANNION & SILBERMANN, P.A.

FIRST NATIONAL BANK OF FLORIDA BUILDING, SUITE 300 1150 Cleveland Street Clearwater, FL 33755

JAMES A. BAXTER (of Counsel) GARY N. STROHAUER ELIZABETH R. MANNION GALE SILBERMANN Tel: (727) 461-6100 Fax: (727) 447-6899 E-mail: lawyer@baxstroh.com Web; www.baxstroh.com

September 5, 2003

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Lynn's Madiera Beach, Inc.

Dear Sir or Madame:

Enclosed please find an original and one copy of Articles of Amendment for the above referenced corporation, as well as our check in the amount of \$43.75. Upon filing, please forward a certified copy to me at the above address.

Should you have any questions, please don't hesitate to contact me.

Very truly yours,

BAXTER, STROHAUER, MANNION & SILBERMANN, P.A.

Elizabeth G. Manin

Elizabeth R. Mannion

ERM/kc Encls.

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF LYNN'S MADIERA BEACH, INC.

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1. Article I of the Articles of Incorporation of LYNN'S MADIERA BEACH ASSEES FLORID.

deleted in its entirety and the following is added in its place:

### ARTICLE I

The name of this corporation is: Lynn's Madeira Beach, Inc. whose principal address is 691 Snug Island, Clearwater, FL 33767.

2. The foregoing Amendment was adopted by the shareholders of this corporation on the day of September, 2003.

IN WITNESS WHEREOF, the undersigned President of this Corporation has executed these Articles of Amendment on the 4th day of September, 2003.

MARC BERSHAW, President

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this  $\underline{4^{44}}$  day of September, 2003, by MARC BERSHAW, President of Lynn's Madeira Beach, Inc., on behalf of said corporation.

NOTARY PUBLIC
My Commission Expires:

Elizabeth R. Mannion
MY COMMISSION # DD211268 EXPIRES
July 25, 2007
BONDED THRU TROY FAIN INSURANCE INC

		V	July 25, 2007 BONDED THRU TROY FAIN INSURANCE, INC.
Personally known	or Produced identification _		
Type of identification pro	duced		