P09000053862

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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08/83/89--01845--012 **35.00

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09 AUG 19 PM 3:3;
SECRETARY OF STATE
TALLAHASSEE, FLORID



. COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: LFS Partners At Southside Flats Corporation Name of Corporation | | | | | |
|---|--|--|--|--|--|
| DOCUMENT NUMBER: P0900053862 | | | | | |
| The enclosed Articles of Correction and f | ee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Grady Lloyd | | | | | |
| Name of Contact Person | | | | | |
| Firm/Company | | | | | |
| 8423 Highgate Drive | | | | | |
| Address | | | | | |
| Jacksonville, FL 32216 City/State and Zip Code | | | | | |
| tommy.lloyd@planetbeach.com E-mail address: (to be used for future annual to | | | | | |
| For further information concerning this m | atter, please call: | | | | |
| Grady Lloyd | at (904) 994-9255 Area Code & Daytime Telephone Number | | | | |
| Name of Condit Possin | Aca code a Sayame Pelephone Namoer | | | | |
| Enclosed is a check for the following amo | ount: | | | | |
| \$35.00 Filing Fee | \$43.75 Filing Fee & Certificate of Status | | | | |
| \$43.75 Filing Fee & Certified Copy | \$52.50 Filing Fee, Certificate of Status & Certified Copy | | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |



August 10, 2009

GRADY LLOYD 8423 HIGHGATES DR JACKSONVILLE, FL 32216

SUBJECT: LFS PARTNERS AT SOUTHSIDE FLATS CORPORATION

Ref. Number: P09000053862

We have received your document for LFS PARTNERS AT SOUTHSIDE FLATS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 009A00027249

Tracy L Lemieux Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

Articles of Amendment to Articles of Incorporation

of

| (Name of Corporation as curren | ners at one of the florid | | corportion |
|--|--|------------------------------------|-----------------|
| <u> </u> | | | |
| (Document Numb | per of Corporation (if kno | wn) | |
| result to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation: | Florida Statutes, this F | lorida Profit Corporation adopts | s the following |
| If amending name, enter the new name of | the corporation: | | |
| | | • | The new |
| me must be distinguishable and contain th breviation "Corp.," "Inc.," or Co.," or the a me must contain the word "chartered," "profe | designation "Corp," "Inc | e," or "Co". A professional cor | |
| Enter new principal office address, if appli rincipal office address MUST BE A STREET | | | |
| | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | E BOX) | | |
| | | | |
| | | | |
| | | | |
| If amending the registered agent and/or re new registered agent and/or the new regist | | n Florida, enter the name of the | <u>!</u> |
| | | | |
| Name of New Registered Agent: | <u>. </u> | | |
| New Registered Office Address: | (Florida street a | addysse) | |
| Hew Registered Office Hadress. | (1 tortuu sireet t | uur ess) | |
| | (0:4.) | , Florida | |
| | (City) | (Zip Code) | |
| w Registered Agent's Signature, if changing ereby accept the appointment as registered ag | | nd accept the obligations of the p | osition. |
| <u></u> | | | N. |
| Sig | gnature of New Registered | d Agent, if changing | と ト |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

| Title | Name | Address | Type of Action |
|-----------|---|---|---------------------------------|
| VP | Michael L. Fisher | 13857 Breaksea Ct Jacksonville, FL 32224 | ☐ Add ☐ Remove |
| <u>VP</u> | Michael E. Fisher | 13857 Breaksea Ct Jacksonville, FL 32224 | Z Add |
| | | | Add Romove |
| (allach a | ling or adding additional Articles. Additional shorts, (f necessary). (Be | specific) | |
| | | | |
| provisio | nendment provides for an exchange ons for implementing the amondme or applicable, indicate N/A) | e, reclassification, or cancellution o ent if not contained in the amendme | f issued shares, eat itself: |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: | 8/14/09 |
|---|-----------------|---|
| Effective date if applicable: | 8/14/09 | (date of adoption is required) |
| | (no more tha | an 90 days after amendment file date) |
| Adoption of Amendment(s) | (| CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | | the shareholders. The number of votes east for the amendment(s) for approval. |
| | | y the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the an | nendment(s) was/were sufficient for approval |
| by | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (voting group | 0) |
| action was not required. | | the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder |
| action was not required. | • | |
| Dated_08/1 | 3/2009 Mucl | L. Lloss |
| (B ₎ | ectad, by an in | esident or other officer - if directors or officers have not been corporator - if in the hands of a receiver, trustee, or other court ry by that fiduciary) |
| | | Grady Lloyd |
| | (| (Typed or printed name of person signing) |
| | | President |
| | (Tit) | le of person signing) |