

LO3 000008270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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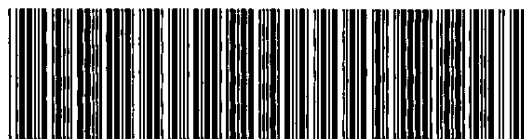
(Business Entity Name)

(Document Number)

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T. CLINE

SEP - 2 2010

EXAMINED

SECRETARY OF STATE  
TAMPAH  
FLORIDA

2009 SEP - 1 AM 9:50

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SH 6100 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:

Howard Zimmerman  
Name of Person

SH 6100 LLC  
Firm/Company

54 Portobello Road  
Address

Arden, NC 28704-8608  
City/State and Zip Code

hwzimmerman@aol.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Howard Zimmerman at (828)-687-9797  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SH 6100 LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

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SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 3-6-2009 and assigned  
Florida document number L030000008270

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)**

54 Portobello Road  
Arden, NC 28704-8608

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

54 Portobello Road  
Arden, NC 28704-8608

**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:**

Kenneth G. Lancaster

**New Registered Office Address:**

5975 Sunset Drive, Suite 703

*Enter Florida street address*

South Miami

*City*

Florida

33143

*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**

Kenneth G. Lancaster

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

Title	Name	Address	Type of Action
MGR	Stefan Johansson	6100 S.W. 76 ST. South Miami, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SEC	Marjorie Zimmerman	54 Portobello Road Arden, NC 28704-8608	<input checked="" 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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 8-24, 2010



Signature of a member or authorized representative of a member

Howard Zimmerman - Mgr.  
Typed or printed name of signee