

L03000002115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

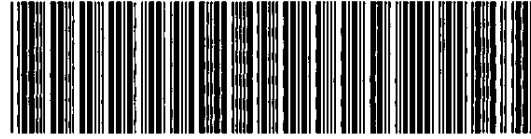
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 8 2010

EXAMINER



**ANSBACHER  
& ASSOCIATES, P.A.**

ASSOCIATIONS. REAL ESTATE & CONSTRUCTION LAW

8818 Goodbys Executive Drive, Suite 100, Jacksonville, FL 32217-4605  
(904) 737-4600 • fax: (904) 737-4700 • www.ansbacher.net

October 6, 2010

Division of Corporation  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

UPS Tracking #: 1ZFF23890292884573

**RE: Articles of Amendment to Articles of Organization  
6611 Southpoint Parkway, L.L.C.  
Our File # 100149**

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10 OCT - 7 PM 12:41  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed please find our check for the amount of \$25.00 for filing Articles of Amendment to Articles of Organization for 6611 Southpoint Parkway, L.L.C.

Please stamp the duplicate copies of the above-described instrument and return to us in the enclosed self addressed envelope.

Sincerely yours,

Dianne W. Cosby

\dwc  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 6611 Southpoint Parkway, L.L.C.  
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:

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10 OCT -7 PM 12:41  
TALLAHASSEE, FLORIDA

Barry B. Ansbacher  
Name of Person

Ansbacher & Associates, P.A.  
Firm/Company

8818 Goodbys Executive Drive, Suite 100  
Address

Jacksonville, FL 32217  
City/State and Zip Code

dwc@ansbacher.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry B. Ansbacher or Dianne W. Cosby at ( 904 ) 737-4600  
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**

FILED  
10 OCT -7 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6611 Southpoint Parkway, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 1/21/03 and assigned Florida document number L03000002115.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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 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**

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

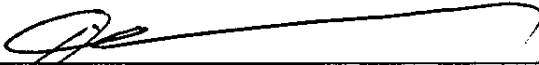
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mike Ashourian	7880 Gate Parkway, Suite 300 Jacksonville, FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Miklaine, L.L.C.	7880 Gate Parkway, Suite 300 Jacksonville, FL 32256	<input checked="" type="checkbox"/> 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 \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Barry B. Ansbacher  
 \_\_\_\_\_  
 Typed or printed name of signee