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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

D. BRUCE

DEC 21 2012

EXAMINER

COVER LETTER

	, legistration Section livision of Corpor		# # #		
SUBJECT	r:(Name of Limit	d Liability Company	pments	L.L.C.
The enclos	sed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please retu	ırn all corresponde	nce concerning this matter	to the following:		
	-	May	Name of Person	5 111	
	-	77 6	Firm/Company Out Bridge Address	e Office	Park
	-	Guy Bo E-mail address: (to	City/State and Zip Code CKY Y O n be used for future annual	s & yang	56/ 50-Comesses 5
For further	r information conc	erning this matter, please ca	ıll:		ECRETARY LLAHASSE
Enclosed i	Name of Pe	SYONS 111	at (850) Area Code	341 44 & Daytime Telephone No	<u> </u>
_		□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy		0 Filing Fee, tificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	eop many as it now a	nentappears on pany)	our records.	<u></u> C.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 0 3 0000 1 4-4</u>	y were filed o	n 4 ·	22. 2	2003 and assigned	
This amendment is submitted to amend the following:	• .				
A. If amending name, enter the new name of the limited lial arra 9000 Developments. The new name must be distinguishable and end with the words "Lim"L.L.C."	of 1	NW	Florice the designation	da L.L.C. on "LLC" or the abbreviation	on
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:		-		12 DEC SECRE	. 7.
(Mailing address MAY BE A POST OFFICE BOX)				20 F. C.	1077
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address re:	on our	records, ent	er the name of the ne	MEU340
			,		
Name of New Registered Agent:	<u> </u>	·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Fnter F	lorida street	address	
		271107 1			
	City		, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	:	•	*		

If Changing Registered Agent, Signature of New 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 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ted	12-17-12
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	i yped of printed fixine of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIR

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