Division of Corporation

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002552073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085

: (561)626-4742

Fax Number

: (561)626-4742

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGH MAINTENANCE 6. LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://afila.combiz.ara/ecrinte/efileaut.eye. #7741 P.001/003 ComiterSinger

10/24/2011 10/24/2011 14:51 5616264742

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIL	En)
11	OCT 24	ЛИ	
SECI	RETARY AHASSEE	OF SI	0: 22 (37::
	J. W22FF	. FI i	1010

HIGH MA	MNTENANCE 6, LL	.C	AUA
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear	rs on our records.)	
(A Fiorita	Dinite Capitaly Company)		
The Articles of Organization for this Limited Liability	Company were filed on	12/22/2003	and assigned
Florida document number L03000055227			
Tiona document mander	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	•
GREAT EXPEC	TATIONS HOLDINGS	S. LLC	
The new name must be distinguishable and end with the we "L.L.C."			LC" or the abbreviation
Enter new principal offices address, if applicable:	. 		
(Principal office address MUST BE A STREET ADD	RESS)		
	<u></u>		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
			*
B. If amending the registered agent and/or regi	stered office address on	our records, enter t	he name of the new
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:		<u>-</u>	
Nov. Desigtand Office Address.			
New Registered Office Address:		nter Florida street add	ress
	City	, Florida	Zip Code
	*****		p

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

Page 1 of 2

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:

itle	Name	<u>Address</u>	Type	of Action
			Ac	dd cuxov ¢
			A	dd muove
			A	dd emove
				dd emove
			Ad	
			Ad	id move
). If amer	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)	
_			SECRET.	11 OCT
_				
_			SSEE, F	ILED
	OCTOBER 24 2	011	SSEE, FLORIDA	24 M 8: 22

Page 2 of 2

Filing Fee: \$25.00