(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
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T. CLINE

FEB - 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co				
SUBJECT:	lidlantic Prop (Name of Lin	perties LLC		
	(Name of Lin	nited Liability Company)	<del></del>	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Char	(Name of Person)	<del></del>	
		ntic Properties L		
	2224	Botanica Circle (Address)		
	Melbo	Urne, FL 32904 (City/State and Zip Code)	2000 FEB -5 AM II: 12 SECRE TARY OF STATE TALL AHASSEE, FLORID. ephone Number)	gales Tribing
For further information	concerning this matter, please	call:	ASSI	
Linda	Woodall	at (321) 258-6144	F.F.	1200
(Name	of Person)	at ( <u>331)</u> 258-6144 (Area Code & Daytime Tele	ephone Number)	** 144
			∑m /2	
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	d)
	JING ADDRESS:	STREET/COURIER A Registration Section	DDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

Midlant (Name of the Limited (A	Liability Compa A Florida Limited I	oerties L ny as it now appears or Liability Company)	LC our records.)		
The Articles of Organization for this Limited L. Florida document number	iability Company 31327	were filed on	-23-04	and assigne	d
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
Midlantic Pri	ation a	nd Propert	ie 111		
Midlantic Prid The new name must be distinguishable and end win "L.L.C."				-4 ~1	
B. If amending the registered agent and/	or registered of	fice address on our	records, enter	the name of th	e new
registered agent and/or the new registered of	ffice address her	<u>e</u> :			CHEST SPEED
				B - B	Carried &
				55 P. 55	(Sections)
Name of New Registered Agent:			<u></u> -	mo B	
New Registered Office Address:	2224	Botanica	Circle	101	السيباة
THE TRANSPORTER OF THE TRANSPORTER.		Tice address on our e:  Botanica (Enter  Urne (City)	Florida street ad	dress) =	
	Math.			32.4011	,
	1016/150	(City)	, Florida	(Zin Code)	
		(City)		(Zip Coue)	
New Registered Agent's Signature, if changing I	Registered Agent:				
	, ,		1. T.CI		• • • •

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>	Address	Type of Action	
	·		Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
		CRETARY CO	Add Remove	
<del></del>		R P	Ardd Remove	
		e(s) here: (Attach additional sheets, if necessary.)		
_	Melbourne, FL 3290	2224 Botanica Circle,	<del>-</del>	
			_	
_				
Dated	° / 1 / K-	till		
	Signature of a member Charles R. Wooda	or authorized representative of a member		
	Typed	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00