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TALLAHASSEE FINDING

D. BRUCE
APR 2 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cand bees Development, 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:
Mallory (oayle Holm, Esq.  (Name of Person)  SL6 Management Services, LLC  (Firm/Company)
4315 Pablo Daks Court, Suite 1
Jacksonville FL 32224 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  (Area Code & Daytime Telephone Number)  (Area Code & Daytime Telephone Number)
2,7 α
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

1 - 50 10 3

Grand	Bees Development LLC		
(Name of the Limited L (A F	iability Company as it now appears bn our records.) lorida Limited Liability Company)		
•	OE SEE		
The Articles of Organization for this Limited Liab	pility Company were filed on Oct. 22 200 and assigned		
Florida document number	76847		
	SE S		
This amendment is submitted to amend the following:			
	ving:  CONTROL OF STATE  CONTR		
A. If amending name, enter the new name of t	he 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."			
	registered office address on our records, enter the name of the new		
registered agent and/or the new registered offi	ce address nere:		
V			
Name of New Registered Agent:	SLL Management Services, UC		
New Registered Office Address:	4315 Pablo Daks Court, Suite 1		
	(Enter Florida street address)		
	Jacksonville, Florida 32224 (City) (Zip Code)		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Re	gistered Agent:		
**	1		
I hereby accept the appointment as registered the provisions of all statutes relative to the pro-	agent and agree to act in this capacity. I further agree to comply with oper and complete performance of my duties, and I am familiar with and		
accept the obligations of my position as regist	ered agent as provided for in Chapter 608, F.S. Or, if this document is		
	rgistered office address, I hereby confirm/that the limited liability		
company has been notified in writing of this ci	hange. SLLO manast mento Services. LLC		
	By: 10kg ( huhrun)		
	(If Changing Registered Agent, Signature of New Registered Agent)		
	Vice Pichident		

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:

	= Manager I = Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	_		Add Remove
			Add Remove
	<del></del>		Add Remove
-			Addro
			Add: C
D. If ar		anasement is he	
		anasement is he tated in its ent	irety
	as follows: 4	he limited liabi	<u>l:</u> ly
	company 1s to	be manageal be	<del>1</del>
	a General M	anagers SL 6 Manag	ement LC
Dated	Taly Lake	r or authorized representative of a member	
	John C A	` ~	dent

Page 2 of 2

Filing Fee: \$25.00