تله ،

# LD5000015871

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(Address)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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**EXAMINER** 

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SECRETARY OF STATE

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## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJECT: OLD COLONY 4565 PROPERTY INVESTMENTS, LLC						
(Name of Limited Liability Company)						
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	LAUREL DEKKER					
(Name of Person)						
TRUST ONE SOLUTIONS, LLC						
	(Firm/Company)					
	1901 W Bay Dr, Ste 17-214					
(Address)						
	Largo, FL 33770					
(City/State and Zip Code)						
For further	r information concerning this matter, please call:					
LAURE	L DEKKER 727 543-6196					
•	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is	s a check for the following amount:					
\$25.00	Filing Fee Sand Status S55.00 Filing Fee Sand Status S55.00 Filing Fee Sand Status Sentificate of Status Sent Status Sent Status Sent Status Sent Status Sent Sent Status Sent Sent Sent Sent Sent Sent Sent Sent					

**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

## OLD COLONY 4565 PROPERTY INVESTMENTS, LLC

(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 FEBRUARY 16, 2005 and assigned Florida document number L05000015871

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

SCOTT AVE 755, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

DAVE BECKERS

15777 BOLESTA RD, #128

(Enter Florida street address)

CLEARWATER

(City)

City)

CSC BECKERS

(Enter Florida street address)

(City)

City 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)

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		
			Add Remove		
-			Add Remove _		
D. If ame	nding any other information	, enter change(s) here: (Attach additional sheets,	if necessary.)		
Dated MA	RCH 3, 2008	AO M	ZOOB MAR I I PM 2: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	Signat	ure of a member or authorized representative of a member	per		

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00