L05000030321

| (Requestor's Name) | |
|---|--------|
| (Address) | |
| (Address) | |
| , , . | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of S | Status |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATION

09 JUL 23 AM II: 20

T. HAMPTON

JUL 2 4 2009

EXAMINER

COVER LETTER

| 'TO: ' Registration ! Division of Co | | | \$! |
|---|--|--|---|
| SUBJECT: | 444 6TH ST | REET SOUTH, LLC | |
| SUBJECȚI: | | ited Liability Company | |
| . The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | oondence concerning this matte | r to the following: | |
| | J | ane Rogers, Manager Name of Person | |
| | | LSCS, LLC | |
| | | Firm/Company 2071 Alameda Drive | |
| | | Address | |
| | | Deltona, FL 32738 City/State and Zip Code | |
| | E-mail address: (| semichael@mpinet.net (to be used for future annual report notification) | |
| For further information | concerning this matter, please of | call: | |
| | Jane Rogers of Person | at (386) 717-042 Area Code & Daytime Telephone | |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed) |
| Regis Divis P.O. I | LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314 | STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 444 6TH STREE | ET SOUTH, I | _LC | | |
|---|--|--------------------------------------|---------------------|---------|
| (Name of the Limited Liability Comps (A Florida Limited) | ny as it now appe Liability Company | ars on our records.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on | March 28, 2005 | and assigned | |
| Florida document numberL05000030321 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company h | ere: | | |
| LSCS, | LLC | | | |
| The new name must be distinguishable and end with the words "Lim "L.L.C." | ited Liability Com | pany," the designation "LL | .C" or the abbrevia | ation |
| Enter new principal offices address, if applicable: | | na-raina, signification and a second | <u>8 2√</u> | _ |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | N 25 | 1 |
| | | | 3 con | Š |
| Enter new mailing address, if applicable: | 2071 Alame | da Drive | POR | ñΩ A |
| (Mailing address MAY BE A POST OFFICE BOX) | Deltona, FL | 32738 | T AT | 141 |
| | | | O 35 | _ |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | ffice address on £: | our records, enter the | e name of the | nev |
| New Registered Office Address: | | | • | |
| | Enter Florida street address | | | |
| | | , Florida | | |
| | City | | Zip 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

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

| <u>Title</u> | lanaging Member <u>Name</u> | Address | Type of Action |
|--------------|--|--|-------------------------|
| | ************************************** | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | SECRETARY DIVISION OF C |
| - | | | F CORPORATION |
| Dated | July 21, 20 | | _ |
| | | r or authorized representative of a member Jane Rogers, Mar or printed name of signee Page 2 of 2 444 6TH STREET | |

Filing Fee: \$25.00