L0500058277

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) LD 5 - 550 - 1 (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Take name Change Clob Fler Customu. |

Office Use Only



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12/29/08--01025--021 **25.00



S. HAWKES
DEC 3 0 2008

EXAMINER



December 31, 2008

DR. KIRTI KALEDAS 7095 HARIGON CIRCLE WINDERMERE, FL 34786

SUBJECT: SOUTH STREET VILLAGE, LLC

Ref. Number: L05000058277

We have received your document for SOUTH STREET VILLAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 208A00062091

Suzanne Hawkes Regulatory Specialist II

, COVER LETTER

| SUBJECT: Louth Street Village L&C (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: | | | |
| Dr. Kitt: Kalidas (Name of Person) K. M. P. Sauth Street Village RRC (Firm/Company) 7095 Waryon Circle (Address) Winderness. 7 Carilla (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of Person) at () (321) 643-7004 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

| 8 | |
|--|---|
| South Street Vil | lage XXC |
| (Name of the Limited Liability Compar (A Florida Limited L | iability Company) |
| • | |
| The Articles of Organization for this Limited Liability Company | were filed onand assigned |
| Florida document number 4650000 58272. | |
| | 一 |
| This are a decreased and a second share following. | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | lity company here: |
| | |
| The new name must be distinguishable and end with the words "Limit | |
| "L.L.C." | ed Liability Company, the designation DEC of the approviation |
| Enter new principal offices address, if applicable: | 7095 Harrison Circle |
| (Principal office address MUST BE A STREET ADDRESS) | Vindermere 7134786 |
| | |
| | |
| | |
| Enter new mailing address, if applicable: | 7095 Haryon Circle Wenderney, 7134786 |
| (Mailing address MAY BE A POST OFFICE BOX) | Winderney, 7234786 |
| • | |
| | |
| | ice address on our records, enter the name of the new |
| registered agent and/or the new registered office address here | |
| J a 5 | |
| Name of New Registered Agent: Lute | Kalidas |
| New Registered Office Address: 2095 | Hairon Cercle |
| New Registered Office Address. | (Enter Florida street address) |
| | 0 |
| <u> win</u> | (Cip.) Florida 34786 (Zip.Code) |
| | (Lip Cour) |

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

MGRM = Managing Member

<u>Address</u> Type of Action <u>Title</u> <u>Name</u> 7095 Haryon andle 7152 De Rhillige Blood 17 Add Remove Add 🗂 Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) See attached anieded article of Dated December 22, 2008. Signature of a member or authorized representative of a member Kalidas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00