

LOS 0000083275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

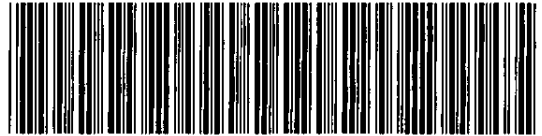
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/22/08--01016--002 \*\*135.00

FILED  
2008 DEC 22 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

DEC 23 2008

EXAMINER

**LEONARD H. BAIRD, JR.**

ATTORNEY AT LAW

POST OFFICE DRAWER 121066

**CLERMONT, FLORIDA 34712-1066**

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December 19, 2008

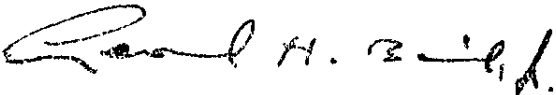
Division Of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: FLHP-MS, LLC

Dear Sir:

Enclosed for filing are original Articles Of Amendment To Articles Of Organization; Resignation Of Member, etc.; and Resignation Of Registered Agent, etc., along with my trust account check in the amount of \$135.00 to cover the necessary filing fees.

Very truly yours,



LEONARD H. BAIRD, JR.

LHB/rpe

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FLHP-MS, 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 8/22/05 and assigned  
Florida document number L05000083275.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the 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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

RAVI ROOPNARINE

**New Registered Office Address:**

11450 Nellie Oaks Bend

*(Enter Florida street address)*

Clermont

*(City)*

, Florida

34711

*(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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM	RAVI ROOPNARINE	11450 Nellie Oaks Bend Clermont, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	BHARDWAJ SEECHARAN	11450 Nellie Oaks Bend Clermont, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated 12/11/08



Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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