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2009 JUL 22 AH IO: 37
SECRETARY OF STATE
FALL AHASSEF, FLORIDA

T. CLINE

EXAMINER

COVER LETTER

SUBJECT: Southbay Williams Estates, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.		
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:		
Michael Lawvence Name of Person		
Name of Person		
Firm/Company		
RIVEVUIEW Florida 33578 City/State and Zip Code		
Address	2009	
RIVERVIEW Florida 33578	13¢	
City/State and Zip Code MIGOLF CLSG N @ 201. COM E-mail address: (to be used for future annual report notification)	۸ ³ ۲.	
MIGOLF CLSGN @ COL. COM. E-mail address: (to be used for future annual report notification)	AF A	
For further information concerning this matter, please call:	2009 JUL 22 AM 10: 37	المشا
Michael Lawrence at (813) 625-2899 Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number	-	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (addition	tatus &	osed)

MAILING ADDRESS:

TO:

Registration Section

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

(<u>Name of the Limited Liability Com</u> (A Florida Limited	ams Estates, LL pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compared Florida document numberL05000111268	ny were filed on	11/17/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
Yakima Developme	ent Investments LL	.C	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compan	y," the designation "L	LC" or the abbrevia
Enter new principal offices address, if applicable:	8806 E	agle Watch L	Drive
(Principal office address MUST BE A STREET ADDRESS)	_River view	agle Watch L Florida	385世
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same		JUL 22 M 10: 3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a second of New Registered Agent:) · · · · · · · · · · · · · · · · · · ·
New Registered Office Address: San	ne		
	Ente	er Florida street add	ress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	st:		

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Name Address** 8806 Eagle Watch Du. RIVEY VIEW FL 33578 Michael Lawrence MGRM ☐ Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 20 Mula Discussion Signature of a member or authorized representative of a member Michael D. Lawrence Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00