12000049081

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
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Special Instructions to	Filing Officer:			
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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

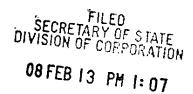
COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT: Sotri Deve	elopment Co. LLC
SOBSECT:	(Name of Limited Liability Company)
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Sonya Williams
	(Name of Person)
	Sotri Development Co. LLC (Firm/Company)
	(гишеопрану)
	11243 S.W 11th Street
	(Address)
	Pembroke Pines, FI 33025
	(City/State and Zip Code)
For further information con	ncerning this matter, please call:
Sonya Williams (Name of	at (954) 704-2233 Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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



Sotri Development Co. LLC (Name of the Limited Liai (A Flori	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 05/12/2000	6 and assigned
Florida document number <u>L06000049081</u>	·	
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our reco	•
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	····	
I hereby accept the appointment as registered ag	gent and agree to act in this capacity. I	I further agree to comply with

(If Changing Registered Agent, Signature of New Registered Agent)

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 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>	Name	Address	Type of Action
MGRM	Phil Frybergh	11243 S.W 11th Street Pembroke Pines,Fl 33025	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			_
Dated Febru	mr. li lille	·	
	•	rauthorized representative of a member	
3	Sonya Williams	nrinted name of signes	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00