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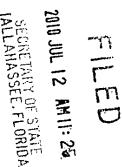
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C. LEWIS

JUL 1 4 2010

EXAMINER

# **COVER LETTER**

	ation Section And Andrews and
SUBJECT:	Broadway Plaza, LLC Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Tania S. Mark, Managing Member Name of Person
	Broadway Plaza, LLC Firm/Company
	100 Church Street
	Kissimmee, FL 34741  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Tar	Name of Person at (407) 932-3933  Area Code & Daytime Telephone Number
Enclosed is a cho	eck for the following amount:
\$25.00 Filing	Fee \$\int_{\}^{\}30.00\] Filing Fee & \$\int_{\}^{\}55.00\] Filing Fee & \$\int_{\}^{\}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

FILED

2010 JUL 12 AM IT: 25

Broadu	van Pla	iza, LLC		RETARY OF STATE AHASSEE, FLORIDA
( <u>Name of the Limited Li</u> (A FI	ability Company orida Limited Lia	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liab	ility Company w	vere filed on June	29,200	and assigned
Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> 5831</u> .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liabili	ty company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	d Liability Company,"	the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	100 Cl	nurch S.	treet
(Principal office address MUST BE A STREET	ADDRESS)	Kissimi	nce, FL	34741
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>vx)</u>	100 Chi Kissimn	urch Str nee, FL	eet 34741
B. If amending the registered agent and/or registered agent and/or the new registered offic		ce address on our i	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	100	O Church Enter F	Street Iorida street add	dress
	Yi-	simmee	, 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>	Name	Address	Type of Action
			□ Pamova
			Domovo
<del></del>			C Domovio
D. If amen	ding any other information, en	ter change(s) here: (Attach additional shee	ts, if necessary.)
			ZIIIO JUL 12 DECULTARIASS
Dated	June 17	<u>, 2010</u> .	AM IT: 25
٠	\$ignature o	ia member or authorized representative of a member of authorized representative of a member of S. Mark, Manager Typed or printed name of signee	nber

Page 2 of 2

Filing Fee: \$25.00