

L06000882934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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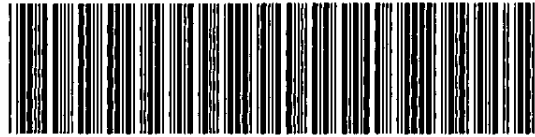
(Business Entity Name)

(Document Number)

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T. HAMPTON

MAR 17 2008

EXAMINER

**PERRY  
DOUGLAS  
WEST  
CHARTERED**

March 10, 2008

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: South Street Properties of Titusville, LLC  
Florida Document number L06000082934

Ladies and Gentlemen:

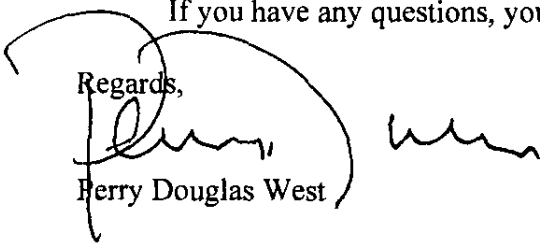
Enclosed please find for filing, Articles of Amendment for the above referenced Limited Liability Company along with a check for the filing fee in the amount of \$25.00.

Please return all correspondence concerning this matter to the following:

Perry Douglas West, Esq.  
P.O. Box 427  
Cocoa, Florida 32923

If you have any questions, you may contact me directly at 321 636 5804.

Regards,

  
Perry Douglas West

**PERRY DOUGLAS WEST**  
ATTORNEY AND COUNSELLOR AT LAW

POST OFFICE BOX 427 • COCOA, FLORIDA 32923  
TELEPHONE: 321.636.5804 • TELECOPIER: 321.632.7632 • [pwest@perrydouglaswest.com](mailto:pwest@perrydouglaswest.com)  
<http://www.perrydouglaswest.com>

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

**SOUTH STREET PROPERTIES OF TITUSVILLE, 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 \_\_\_\_\_ and assigned  
Florida document number L06000082934.

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."

**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:** \_\_\_\_\_

**New Registered Office Address:** \_\_\_\_\_

*(Enter Florida street address)*

\_\_\_\_\_, **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

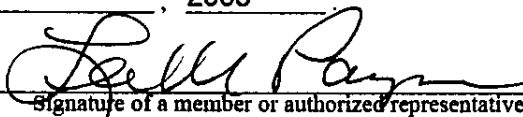
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IVAN B. WALKER	1881 Rockledge Drive Rockledge, Florida 32955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARVAN IRA, LLC	1881 Rockledge Drive Rockledge, Florida 32955	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 10, 2008



Signature of a member or authorized representative of a member

MGRM LEE M. PAYNE

Typed or printed name of signee

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