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S. HAWKES
DEC - 7 2009
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: (02)	Name of Limi	vect East, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	:- L.V. T	Name of Person	
	L.V. The	Firm/Company	····
	5015 E	Address A	ve.
	Tampa	FL 336 City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notificat	tion)
For fürther information co	oncerning this matter, please c	all:	
L.V. The	Person	at (<u> </u>	elephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1			

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

6207 28	Street East	r, LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	0		
`	7 - 1 7/		超 4		
The Articles of Organization for this Limited Liab	lity Company were filed on	8/31/06	and assigned		
Florida document number L060000 863	<u>33</u> .				
This amendment is submitted to amend the following	ng:		TO SEE		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :			
L.V. Thompson F	211 110		•		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	ADDRESS)				
		74 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117 - 117			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO					
Muning address MAT BE AT OST OFFICE BO	<u></u>				
B. If amending the registered agent and/or	ragistared affice address on	our rocards antar	the name of the new		
registered agent and/or the new registered office		our records, <u>einer</u>	the name of the new		
Name of New Registered Agent:					
No. Periore LOCC. All					
New Registered Office Address:	nter Florida street aa	Idross			
	Emer 1 tortus street authors				
-		, Florida _	71 0 1		
	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>		Address	Type of Action	
				Add	
				Remove	
		# · · · · · · · · · · · · · · · · · · ·		Add Remove	
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				Add Remove	
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				— ☐ Afd Z	
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				Add	
				Remove	
D. If amen	ding any other i	information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	
_					
-					
_					
Dated	11-25	7/1/20	009		
		Signature of a member	r or authorized tepresentative of a member	<u> </u>	
			or printed name of signee		
		Typed	or printed name of signee		

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Filing Fee: \$25.00