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SECRETARY OF STATE

T. CLINE
MAY 1 3 2008
EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT: 1263	NE 103, L	LC		
		(Name of Lin	ited Liability Company)		
The enc	losed Articles of A	mendment and fee(s) are sub-	omitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		Clau	dio Rodriguez (Name of Person)		
			(Name of Person)		
			(Firm/Company)		
			(Address)		
			(City/State and Zip Code)	SECRETARY OF STATE STALLAHASSEE. FLORID Number)	1
For furth	ner information co	ncerning this matter, please c	ali:	HASS T	
Clo	udio Ro	driguez Person)	at (305) 216-222 (Area Code & Daytime Tele	4 ephone Number) ORI	144 144 144 144
	(Name of	Person)	(Area Code & Daytime Tele	ephone Number) CORIE 56	
Enclose	i is a check for the	following amount:		/ *	
\$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat	IG ADDRESS: ion Section of Cornorations	STREET/COURIER A Registration Section Division of Corporation		

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1263	NE 103, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L060001020</u>	oility Company were filed on 16/19	2006 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	Entannia IIC	2006 SE TAL	
MILLAMI SHORES	Enterprisé, LLC.	59 3 71	
The new name must be distinguishable and end with 6 "L.L.C."	the words "Limited Liability Company," the	designation "HECT or the abbreviation"	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new	
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 = M MGRM =	lanager • Managing Member	ł	
Title .	Name	Address	Type of Action
			-
			Add Remove
	•		<u> </u>
		<u> </u>	Add
			Remove
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			Add Remove
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			TALL ZION
			Agd Remove
			12 P
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D. If ame	nding any other information, enter o	change(s) here: (Attach additional sheets, if necess))-
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- -	95-09-08		
Dated	5-0 1-0		
	Simon	-VC-	
		ember or authorized representative of a member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00