#06000102685

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K. BALY EXAMINER JAN 27 2011

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJECT: 6060 SOUTH FALLS CIRCLE, LLC					
5000	Name of Limited Liability Company				
The en	losed Articles of Amendment and fee(s) are submitted for filing.				
Please	eturn all correspondence concerning this matter to the following:				
	DAVID J. WALLACE				
	Name of Person				
DUBOW, DUBOW & WALLACE					
Firm/Company					
215 NORTH FEDERAL HWY					
	Address				
	DANIA BEACH, FLORIDA 33004				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For fu	ner information concerning this matter, please call:				
	DAVID J. WALLACE at (954) 925-8228 Name of Person Area Code & Daytime Telephone Number				
1 market	d is a check for the following amount: 00 Filing Fee \$\sum_{\$55.00}\$ Filing Fee & \$\sum_{\$60.00}\$ Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\sum_{\$60.00\$}\$ Filing Fee, 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

6060 SOUTH FALLS CIRCLE, LLC

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(81)	onda Emmed Elaomey Company)		
The Articles of Organization for this Limited Liab Florida document numberL0600010268		TOBER 20, 2010 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	4 D D D C C C C		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office	•	records, enter the name of the new	
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	
	Citv	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGKM = M	ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JEAN-GUY LANGELIER	200 des Sommets, #1905 lle-des-Soeurs, Quebec Canada H3E 2B4	Add ☑ Remove
<u>MGRM</u>	MONIQUE LANGELIER	200 des Sommets, #1905 Ile-des-Soeurs, Quebec Canada H3E 2B4	✓ Add Remove
<u>MGRM</u>	DOMINIQUE LANGELIER	200 des Sommets, #1905 lle-des-Soeurs, Quebec Canada H3E 2B4	Add Remove
			Add Remove
	-		Add Remove
······			Add Remove
D. If amend	2000 PETIT-G SAINTE-ADEL GUE, CANA	ge(s) here: (Attach additional sheets, if necessary.) ARROT E DA	
Dated	J8B-3L7	<u>011.</u>	_
	Signature of a member	or or authorized representative of a member	
		IIQUE LANGELIER	
		OF DEFINED BARRE OF MERICE	

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Filing Fee: \$25.00