

FROM : LAZARUS
Division of Corporations

FAX NO. : 3052201440

Sep. 17 2008 02:01PM 01
https://info.scribble.org/scripts/ethicivr.exe

L071000044859

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000217199 3)))



H080002171993ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

To:
Division of Corporations
Fax Number : (850) 617-6383

SEP 18 2008

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. **EXAMINER**
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WEST GABLES SHOPPING PLAZA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

08 SEP 17 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 17 AM 8:45

FILED

9/17/2008 1:51 PM

H08000217199
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

West Gables Shopping Plaza 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 9-16-07 and assigned
Florida document number 07000044859

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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)

Law Registered Agent's Signature, If changing Registered Agent:

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)

08 SEP 17 AM 8:01
STATE OF FLORIDA
TALLAHASSEE

FILED

H08000217199

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:

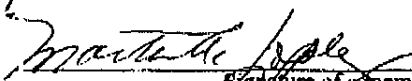
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Arleen Cruz	6735-6741 Coral Way	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Sept 2nd, 2008



Signature of a member or authorized representative of a member

MARTA A LOPEZ

Typed or printed name of signee

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 SEP 17 AM 8:15

FILED

H08000217199