

**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.

(((H080002791123)))



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

Division of Corporations

Fax Number : (850)617-6383

Account Name : FLORIDA INCORPORATORS, INC.

Account Number: 075350000473 Phone : (813)632-7882 Fax Number : (305)402-3141

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### 6380 FALCON LAIR LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help .



December 29, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA INCORPORATORS, INC.

SUBJECT: 6380 FALCON LAIR LLC

REF: L07000100933

OB DEC 29 MILLS OF STATES

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Is the Registered Agent changing? There is a signature but no information in Part B of the amendment.

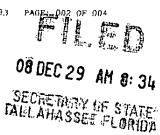
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist FAX Aud. #: H08000279112 Letter Number: 508A00061723

#### H08000279112

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



6380 FALCON LAIR, LLC	•
(Name of the Limited Liability Con (A Florida Limit	ppany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on OCTOBER 3, 2007 and assigned
Florida document number L07000100933	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	jability company here:
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	310 WHITFIELD AVENUE
(Principal office address MUST BE A STREET ADDRESS	SARASOTA, FL 34243
Enter new mailing address, if applicable:	310 WHITFIELD AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34243
registered agent and/or the new registered office address   Name of New Registered Agent: Fint;	da incorporatore, Inc. Bidden Rivan Parkeny. Scien 300 Maior Mordin sweet address;
**************************************	Theres Parids 33637
Now Desirtand Asset's Company of the	(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)

Florida Incorporators, Inc. 8875 Hidden River Pkwy Ste 300 Tampa, FL 33637 813-6323-7882

#### H08000279112

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 Type of Action Address Title Name MGR MR. ROBERT S. HARRIS **≝** Add **675 DOG KENNEL ROAD** SARASOTA, FL. 34240 Remove Add Add MGRM **DEREK TAACA** 310 WHITFIELD AVENUE Remove SARASOTA FL 34243 🗖 Add Remove Add Remove ☐ Add Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2006 Dated ည္ Signature of a member or authorized representative of a member

> Typed or printed name of signee Page 2 of 2

**DEREK TAACA** 

Filing Fee: \$25.00