

Division of Corporations

02/23/2008 3:19 PM FROM: Fax Filing System, Inc. (850) 617-6383 PAGE: 001 OF 002

Page 1 of 1

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.

((H080002791253)))



H080002791253ABC1

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

To:

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

From:

Account Name : FLORIDA INCORPORATORS, INC.  
Account Number : 075350000473  
Phone : (813) 632-7882  
Fax Number : (305) 402-3141

L. SELLERS

DEC 29 2008

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

6390 FALCON LAIR LLC

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

RECEIVED

08 DEC 24 AM 6:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 24 AM 8:38

FILED

H08000279125

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

6390 FALCON LAIR, 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 DECEMBER 13, 2007 and assigned  
Florida document number L07000123665

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**)

310 WHITFIELD AVENUE

SARASOTA, FL 34243

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

310 WHITFIELD AVENUE

SARASOTA, FL 34243

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:

Florida Incorporators, Inc.

New Registered Office Address:

8875 Hidden River Parkway, Suite 300

(Enter Florida street address)

Tampa

Florida

33637

(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

H08000279125

H08000279125

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	ROBERT HARRIS	875 DOG KENNEL ROAD SARASOTA FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DEREK TAACA	310 WHITFIELD AVENUE SARASOTA FL 34243	<input checked="" 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

June 27, 2008.

Signature of a member or authorized representative of a member

DEREK TAACA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H08000279125

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 DEC 24 AM 8:38

FILED