

L07000123665

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.

(((H08000279125 3)))



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

L. SELLERS

DEC 29 2008

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

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

08 DEC 24 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Help

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: 310 WHITFIELD AVENUE
SARASOTA, FL 34243
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 310 WHITFIELD AVENUE
SARASOTA, FL 34243
(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: 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.

[Signature]
(If Changing Registered Agent, Signature of New Registered Agent)

FILED
DEC 24 AM 8:28
TAMPA, FL 33637

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 DEC 24 AM 8:38

FILED

H08000279125