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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number : I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OWL'S NEST SOUTH, LLC

Name and Address of the Owner o	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

EXAMINER

DEC 19 2014

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Corporate Filing Menu

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2014 DEC 18 PM 12: 16

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Owl's	s Nest South, LLC	orriu;
(Nume of the Limited Liabili (A Florida	ty Communy as it now annears on our records.) a Limited Liability Company)	, ,,,
The Articles of Organization for this Limited Liability C Florida document number L08000027970		and assigned
This amendment is submitted to amend the following:		1,
A. If amending name, enter the new name of the lim	ited liability company here:	
LTR 1437 LLC		
The new name must be distinguishable and end with the words "Li	mited 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 ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, <u>en</u> <u>lress here</u> :	ter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	n
	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 605, 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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Remove
			Add
			□ Remove
			□ Add
			□ Remove
			ZHINDER B
			The same and
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the date this doc	ember 17th	rida Department of State	14		(optional)) days after
the date this doc	ember 17th	rida Department of State	14	d cannot be more than 90	(optional)) days after

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