4080000041793

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

A. LUNT

AUG 11 2011

EXAMINER

Office Use Only



400210835364

08/10/11--01017--004 **25.00



COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	Meshbesh	er Properties, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	A	vie Meshbesher Croce	
		Name of Person	
	Mes	shbesher Properties, ILC	<u> </u>
		Firm/Company	₹ ~
	130	01 Beville Road, Suite 8	2011 AUG 10 SECRETARY ALLAHASSE
		Address	ARRA SO
	Da	ytona Beach, FL 32119	SSE
		City/State and Zip Code	OF STA
		crocelaw@cfl.rr.com	FLORAL FLORAL
		to be used for future annual report notification) TE ABA
For further information	concerning this matter, please	call:	
Avie M	leshbesher Croce	at (386) 304-	2821
Name	of Person	Area Code & Daytime Tele	phone Number
		•	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meshb	esher Properties, LL0	<u> </u>	
(<u>Name of the Limited Liab</u> (A Flori	<mark>lity Company as it now appea</mark> da Limited Liability Company)	rs on our records.)	.
The Articles of Organization for this Limited Liabilit	y Company were filed on	04/25/2008	and assigned
Florida document numberL08000041793	·		
This amendment is submitted to amend the following	g.		
A. If amending name, enter the new name of the l	imited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation	: =
Enter new principal offices address, if applicable:		H A	है ग
(Principal office address MUST BE A STREET AD	DRESS)	SSE	
			THE THE
Enter new mailing address, if applicable:	<u></u>	ORIDA	8
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	En	tèr Florida street addro	288
		, Florida	
	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

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:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		AL AH	AR NOVE
D. If a		(s) here: (Attach additional sheets, if necessary)	•
	Paid on Death (POD)		- ·
	Substitute Beneficiary/s Corrie Hartling	e and Michael G. Meshbesher	_
Dated _	August 8, 201	11	_
	_	or authorized representative of a member	
		Meshbesher Croce r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00