(Re	lequestor's Name)
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(AC	duless)
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	,
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer

L. SELLERS

AUG 27 2009

EXAMINER

Office Use Only



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08/20/09--01027--012 **30.00

COVER LETTER

Division of Corpo	orations					
SUBJECT:	South Beach Mid	chigan Apartments, LL	C			
50 D 00011	Name of Limited Liability Company					
		• •				
The enclosed Articles of Articles	mendment and fee(s) are sul	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Joseph Bouhnik					
	Name of Person					
Florida Trustee Services, LLC						
		Firm/Company				
	9	9513 Harding Avenue				
	Address					
	Surfside, FL 33154					
	City/State and Zip Code					
	·					
E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please of	eall:				
·	oh Bouhnik	at (305)	926-7533			
Name of Person Area Code & Daytime Telephone Number		e Telephone Number				
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH BEACH MICHIGA (Name of the Limited Liability Compar (A Florida Limited L	AN APARTMENTS, LLC ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on11/24/2008 and assigned			
Florida document numberL08000108599				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	C/O Florida Trustee Services, LLC			
(Principal office address MUST BE A STREET ADDRESS)	9513 Harding Avenue			
	Surfside, FL 33154			
Enter new mailing address, if applicable:	C/O Florida Trustee Services, LLC			
(Mailing address MAY BE A POST OFFICE BOX)	9513 Harding Avenue			
	Surfside, FL 33154			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent:	7.0 3			
New Registered Office Address:	Enter Florida street address			
	Florida F			
	City 2m Com			
New Registered Agent's Signature, if changing Registered Agent:	DRID DRID			

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.

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

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>	Address	Type of Action
MGRM	Springleaf Properties Comp	C/O Florida Trustee Services, LLC 9513 Harding Avenue Surfside, FL 33154	Add Remove
MGR	Florida Trustee Services,	9513 Harding Avenue Surfside, FL 33154	☐ Add ☑ Remove
MGRM	Florida Trustee Services,	9513 Harding Avenue Surfside, FL 33154	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<u> </u>
 -			
Dated	August 17 , 20	09	99 AUG 2 SECRETA
-	Joseph Bouhnik fo	or authorized representative of a member or Florida Trustee Services, LLC or printed name of signee	26 AT IT
•	19964	Page 2 of 2	TATE DRIDA

Filing Fee: \$25.00