L08000112181

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SESHETARY OF STATE

109 JAN 23 PM 4: 0

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	SSLC Prononne of Lim	operty IV, LLC ited Liability Company)	•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	٠	
Please return all correspo	ondence concerning this matter	to the following:		
		TempKins, Esq. (Name of Person)		
	<u>Ne uma.</u>	nr Tempkins F. (Firm/Company)	H.	
	605 1	incoln Road, Suit	4 301	2009 J
	Miami K	City/State and Zip Code)	39	2009 JAN 23 PH 4: 02 SECRETARY OF STATE MALLAHASSEE, FLORIDA
- 1	oncerning this matter, please c	all:		4 4: 02 FLORIDA
(Name o	J-EmpKins of Person)	at (305) 398 -77 (Area Code & Daytime T	PGO Pelephone Number	er)
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS:

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

SSLC Prope	rty IV, LLC	<u> </u>		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)			
The Articles of Organization for this Limited Liability Company	were filed on December 8, 20	and assigned		
Florida document number <u>L 08000 2181</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
55LS Proper				
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation '	'LLC" or the abbreviation		
		2009 FALL		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		(A = 1)		
		ω ω I Fo _I M		
		OF SI		
Enter new mailing address, if applicable:		97.5 97.5 97.5 97.5 97.5 97.5 97.5 97.5		
(Mailing address MAY BE A POST OFFICE BOX)		9m 2		
		· ···		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		the name of the new		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(City)	(Zip Code)		
NT The				

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 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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□ Damova
			□ Domotto
			Add Remove
			Add Remove
			A A Add Remov
			Hadd Hadd
. If ameno	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if nec	eessary.)
_			
ated	July 1	<u> 2009</u> .	
_	Signature of a mem	nber or authorized representative of a member	mn

Page 2 of 2

Filing Fee: \$25.00