

L090000091027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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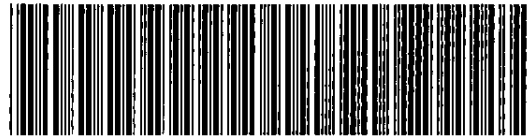
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY

DEC 29 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA PROPERTY HOLDINGS VI, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Weiss

Name of Person

Peninsula Bank, a division of Premier American Bank, N.A.

Firm/Company

4300 Aidan Lane

Address

North Port, FL 34287

City/State and Zip Code

JWeiss@peninsulabank.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Weiss

Name of Person

at (941) 426-6405 ext. 421

Area Code & Daytime Telephone 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)

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PENINSULA PROPERTY HOLDINGS VI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/21/2009 and assigned
Florida document number L09000091027.

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: 4300 Aidan Lane
North Port, FL 34287
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: 4300 Aidan Lane
North Port, FL 34287
(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: Richard Solano
New Registered Office Address: 4300 Aidan Lane
Enter Florida street address
North Port, Florida 34287
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

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 T. Granicz	3100 South McCall Road Englewood, FL 34224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sharon R. Rubin	3100 South McCall Road Englewood, FL 34224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sam Carter	4300 Aidan Lane North Port, FL 34287	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brian Van Slyke	4300 Aidan Lane North Port, FL 34287	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October Nov. 15, 2010

Signature of a member or authorized representative of a member

Richard Solano

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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