(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				
MAR 1 9 2010				
EXAMINER				

Office Use Only



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03/18/10--01020--003 \*\*25.00

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	Forest View 356 Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ro	Name of Person	
For further information of	7775  Missing this matter, please of the concerning the co	Firm/Company  5 14557  Address  nni,F( 33)58  City/State and Zip Code  3 5e//South.net  to be used for future annual report notifical	2010 HAR 18 PH 12: 34  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name o	Anac	at ( <u>786</u> ) <u>752 - 3</u> Area Code & Daytime T	3-94-Z Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	he following amount:  \$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 enclos d)

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**

Fore fly lew (Name of the Limited Liability	3561 LLC			
(Name of the Limited Liability (A Florida L	Company as it now appear Limited Liability Company)	s on our records.)	<del> </del>	
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on	2-9-10	and assi	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here	<u>e</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	ny," the designation "	LLC" or the al	breviation
Enter new principal offices address, if applicable:			CEO.	
(Principal office address MUST BE A STREET ADDR	ESS)		ARE IN	
			SS 8	
			프로 프로	Ш
Enter new mailing address, if applicable:			103.15 10	
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or registored agent and/or the new registered office addr		ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				<del></del>
	Enter Florida street address			
		, 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 compi, with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ith 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 <u>Manager</u> or <u>Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Ianaging Member <u>Name</u>	<u>Address</u>	Type of Action
MGR	Ratti Anac	7775 s~ 145s7 M14m1, #C 33)58	
			Add Remo e
			Add Remo e
			Add ADD Refer e LLARE ARA ARA
			SY Add- FIN Remonds F
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	ary.)
ー Dated 3	-15-10		
	Signature of a member	er or authorized representative of a member	
		UFO DAWIEL AVARIAN d or printed name of signee	<u> </u>
		Page 2 of 2	

Filing Fee: \$25.00