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COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: SOUTH BAY DEVELOPETS XIV, 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:
MARK CHATBURN
Name of Person
SOUTH BAY GROUP
Firm/Company
1548 Bridell Ave, 2nd Floor
(Nadios
City/State and Zip Code mchatburn @ southbay realty. nd E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK CHATBURN at (305) 393 6032
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (additional copy is
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAY -4 PM 4: 11

	TH BAY DEVEL ame of the Limited Liability ((A Florida Lin		Dears on our records.)	OF STATE
The Articles of Organization Florida document number _	for this Limited Liability Co しん00004484人	mpany were filed or	, 04/27/10	and assigned
This amendment is submitte	d to amend the following:			
A. If amending name, ento	er the new name of the limite	ed liability compan	<u>y here</u> :	
SOUTH BAY	DEVELOPERS >	XXVII, LL	<u>-</u> C	
"L.L.C."	uishable and end with the words	s "Limited Liability (Company," the designation "	LLC" or the abbreviation
Enter new principal offices	s address, if applicable: <i>UST BE A STREET ADDRE</i>			
Enter new mailing address	• •			
(Mailing address MAY BE	<u>A POST OFFICE BOX)</u>			
	stered agent and/or register e new registered office addre		on our records, enter	the name of the new
Name of New Reg	istered Agent:			
New Registered O	ffice Address:		Enter Florida street add	dress
		, Florida		
		City	, 1.01144	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	FIL 10 MAY -4 SECRETARY TALLAHASS
			PM 4: 11 OF STATE EE, FLORIDA
	ERNESTO H. WE	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00