

L10000059981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

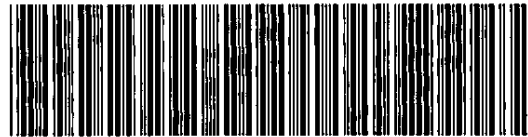
(Business Entity Name)

(Document Number)

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10 JUL 15 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins JUL 16 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIXTY-SIX STREET PLACE, 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:

KATHERINE MKPARU

Name of Person

Firm/Company

411 VENTURA DR.

Address

OLDSMAR, FL 34677

City/State and Zip Code

cremryne@yahoo.com

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

For further information concerning this matter, please call:

KATHERINE MKPARU

Name of Person

at (**832**)

830-2010

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

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

SIXTY-SIX STREET PLACE, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 06/03/2010 and assigned Florida document number L10000059981.

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:

(Principal office address MUST BE A STREET ADDRESS)

411 VENTURA DR.

OLDSMAR, FL 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

411 VENTURA DR.

OLDSMAR, FL 34677

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:

KATHERINE MKPARU

New Registered Office Address:

411 VENTURA DR.

Enter Florida street address

OLDSMAR

City

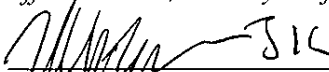
, Florida

34677

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

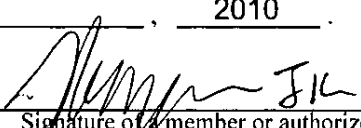
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---|--|
| MGR | FORESIGHT PROPERTY S | 3780 TAMPA RD. STE 301 OLDSMAR, FL 34677 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | KATHERINE MKPARU | 411 VENTURA DR. OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | FREDERICK MKPARU | 411 VENTURA DR OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | BLESSING OJIKA | 411 VENTURA DR OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | UDO EZIKE | 411 VENTURA DR. OLDSMAR, FL 34677 | <input checked="" 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 JULY 9, 2010



Signature of a member or authorized representative of a member

KATHERINE MKPARU

Typed or printed name of signee

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TALLAHASSEE, FLORIDA