# L10000097084)

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Hadroso)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| *                                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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12/02/11--01022--017 \*\*50.00

TALLANKSSEE, FLORIC

B. BOSTICK
DEC - 5 2011
EXAMINER

## **COVER LETTER**

|                     | distration Section ision of Corporation | ns  |                |  |                 |              |                |               |
|---------------------|---|---|----------------|--|-----------------|--------------|----------------|---------------|
| SUBJECT:            | TOSTAR                                  |   |                | LL C   |                 |              |                |               |
| The enclosed        | l Articles of Amendr                    | nent and fee(s) are                       | submitted      | for filing.  |                 |              |                |               |
| Please return       | all correspondence                      | concerning this ma                        | tter to the f  | Collowing:   |                 |              |                |               |
|                     | <del></del>                             | ARAN                                      | DUN            | UT ame of Person   |                 |              |                |               |
|                     |   | TUSTAR                                    |                | STMENT J   |                 |              |                |               |
|                     |   | 602 CE                                    | INTER          | RQ. Address  |                 |              |                |               |
|                     |   | FORT  aran@du                             | MYER<br>City/S | tate and Zip Code  | 35907           |              | 11 DEC -       | e dire too es |
|                     | formation concernin                     | g this matter, pleas                      | se call:       |  |                 |              |                | And other     |
| <u>ARAN</u>         | Name of Person                          | 3   |                | at ( 7/8 ) 3/<br>Area Code                                 | & Daytime Telep | phone Number |                |               |
| Enclosed is a       | check for the follow                    | ing amount:                               |                |  |                 |              |                |               |
| <b>▼</b> \$25.00 Fi | ling Fee \$30                           | .00 Filing Fee &<br>Certificate of Status | i. — (         | 5.00 Filing Fee &<br>Certified Copy<br>(additional copy is | <b></b>         | 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

| TOSTAR / N/EST/JEN II<br>( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li | しくて<br>iv as it now ap | pears on our recor       | <u>ds.</u> )           |                       |
|---|------------------------|--------------------------|------------------------|-----------------------|
| (A Florida Limited Li   | iability Compa         | ny)                      |                        |                       |
| The Articles of Organization for this Limited Liability Company                                 | were filed on          | 09/16/201                | <u>o</u>               | and assigned          |
| Florida document number <u>L1000097 084</u> .   |                        |                          |                        |                       |
|   |                        |                          |                        |                       |
| This amendment is submitted to amend the following:   |                        |                          |                        |                       |
| A. If amending name, enter the new name of the limited liabi                                    | lity company           | here:                    |                        |                       |
|   |                        |                          |                        |                       |
| The new name must be distinguishable and end with the words "Limit "L.L.C."                     | ed Liability Co        | ompany," the designation | ation "LLC             | " or the abbreviation |
| Enter new principal offices address, if applicable:   | 602                    | CENTER                   | RD                     |                       |
| (Principal office address MUST BE A STREET ADDRESS)   | FORT                   | MYERS                    | FL                     | 33907                 |
|   |                        |                          |                        | <u></u>               |
|   |                        |                          |                        |                       |
| Enter new mailing address, if applicable:   | 602                    | CENTER                   | RO                     |                       |
| (Mailing address MAY BE A POST OFFICE BOX)  | FOR T                  | MYERS                    | FL                     | 33907                 |
|   |                        |                          |                        |                       |
|   |                        |                          |                        | _                     |
| B. If amending the registered agent and/or registered offi                                      | ice address            | on our records, <u>e</u> | nter the               | name of the new       |
| registered agent and/or the new registered office address here                                  | <b>:</b>               |                          |                        |                       |
|   |                        |                          | $\Xi_{\circ}$          | <del>م</del> ستعث     |
| Name of New Registered Agent:   |                        |                          |                        | <b>-</b>              |
| Novy Decistand Office Address   |                        |                          |                        |                       |
| New Registered Office Address:  |                        | Enter Florida stre       | et address             | No                    |
|   |                        |                          | 1771<br>- 1            | P 11                  |
|   | City                   | , Flori                  | da <u>~∵.</u><br>⊆ 5.5 | in Code               |
| New Designationed Agent's Signature if shanging Designational Agent                             | 011)                   |                          | PAR PAR                | # 60<br>61            |
| New Registered Agent's Signature, if changing Registered Agent:                                 |                        |                          | مشلا                   |                       |

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.

| MGR = Ma<br>MGRM = N                    | nnager<br>Managing Member                 |  |                    |
|---|---|--|--------------------|
| <u>Title</u>                            | <u>Name</u>                               | Address  | Type of Action     |
| PIGMA                                   | BAYLINER PROPERTIES                       | 1202 SE 874 PL STE 8<br>CAPE CORAL FL 53990        | Add<br>Remove      |
|   |   |  | Add Remove         |
|   |   |  | Add<br>Remove      |
|   |   |  | Add<br>Remove      |
| *************************************** |   |  | Add<br>Remove      |
|   |   |  | Add<br>Remove      |
| D. If ameno                             | ding any other information, enter change( | s) here: (Attach additional sheets, if necessary.) |                    |
|   |   | ALLAHASSEE FLO                                     |                    |
| <br>Dated                               | 129/2011                                  | — · A  | - 1.<br>i ω<br>i σ |
|   |   | Our Lor (ATITL LLC printed name of signee          |                    |

Page 2 of 2

Filing Fee: \$25.00