

L10000102515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

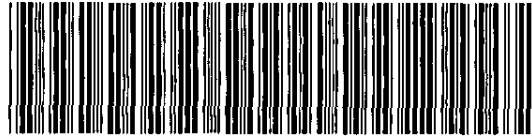
Special Instructions to Filing Officer:

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B. KOHR

NOV - 4 2011

EXAMINER



700213098547

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 NOV - 4 PM 1:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 NOV - 4 PM 2:58



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 969151 7532900
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED STATE
SECRETARY OF CORPORATIONS
11 NOV -4 PM 2:58

ORDER DATE : November 4, 2011

ORDER TIME : 11:47 AM

ORDER NO. : 969151-005

CUSTOMER NO: 7532900

DOMESTIC AMENDMENT FILING

NAME: SOUTHERNMOST STATE PROPERTIES
11, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOUTHERMOST STATE PROPERTIES 11, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on September 30, 2010 and assigned
Florida document number L10000102515.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Southernmost State Properties 11, LLC

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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City, 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 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

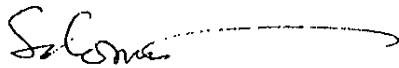
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 4, 2011



 Signature of a member or authorized representative of a member

 Jehezkel Solomon

 Typed or printed name of signee