# L11000045366

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(Address)				
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12 JUN 29 PH 12: 45

15 JUN 29 PH 12: 45

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	FTL Andrew Name of Limi	s Gordens Sixth Ave ted Liability Company	LLC
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Keu	Name of Person	
		Name of Person	
		Firm/Company	
	5725 La	He Washington Rd Address	
	melborn	City/State and Zip Code	
	E-mail address: (t	1123 & Small.com	tion)
For further information	concerning this matter, please c	all:	•
	Downs of Person	at ( <b>954</b> ) <b>234–80</b> Area Code & Daytime T	elephone Number
Enclosed is a check for t	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)

1

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

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12 JUN 29 PM 19: 1:5

FTL Andrews Gard	nens SIX + AVRECT OF STATE DE L'AND AND L'AND AND L'AND AND L'AND AND AND AND AND AND AND AND AND AND		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)		
The Articles of Organization for this Limited Liability Compa	any were filed on 4/15/11 and assigned		
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
FTL AG SIXA	th Ave LLC imited Liability Company," the designation "LLC" or the abbreviation		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	5725 Lake Washington Rd		
(Principal office address MUST BE A STREET ADDRESS	5725 Lake Washington Rd Malbourne, FL 32934		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5725 Lake Washington Rd Mulbourne, FL 32934		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our records, enter the name of the new nere:		
Name of New Registered Agent:	725 Lake Washington Rd Enter Florida street address		
New Registered Office Address: 5725 Lake Washington Rd			
	Enter Florida street address		
	City , Florida 32434  Zip Code		
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		

If Changing Registered Agent, Signature of New 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 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 = Ma MGRM = N	nager Janaging Member		
Title '	<u>Name</u>	Address	Type of Action
			Add
	<u> </u>		Add Remove
			Add
•			· <b></b>
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Remove
		-	75
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if neces.	sary.)
<del></del> -			12 JUN
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			PH IZ: 45
Dated		<u>1012</u>	
		er or authorized representative of a member	
		n Downs ed or printed name of signee	

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Filing Fee: \$25.00