L11000060604

·
(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:

Office Use Only



100252564201

10/09/13--01006--009 **25.00

2013 OCT -9 PM 1: 32 SECNE WAY O' TALE TALLAHASSEELELORIDA

OCT 1 0 2013

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Solf Asset 18 Name of Limit	Av. 30x6 LCC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sett	Wineh Name of Person	
	Orender	Firm/Company	The state of the s
	10401 Dec	rwood Park And	1, Ste 2130
		City/State and Zip Code	
	E-mail address:	Obe used for future angual report notification	ion)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at (904) 416 - 309 Area Code & Daytime Te	PO elephone Number
Enclosed is a check for the	ne 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

the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 111000060604 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) 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

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.

City

Zip Code

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 = MGRM	Månager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		Add
			Remove
			Add
			Remove
	7		
			Add
			Remove
	\		ZO E JANGE J
			SSE Remove
			2 17
•			
			Add
			Remove
			<u>.</u>
	-		Add
		-	Remove

		.,		
	///			
-	Cionatura	Transpar or outh	orized representative	of a member

Page 3 of 3

Filing Fee: \$25.00

2013 OCT -9 PM 1: 32