## L110000064233

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

AUG 29 2011

## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
SUBJECT:	Corridor In Name of Limite	nuestments, LLC			
•			ĭ	7A. 21	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.		HA LLLA	۽ پڻوب
Please return all corre	spondence concerning this matter to	o the following:		AUG 26 RETARY AHASSE	
		Roy Alterman		6 AM 8: RY OF STA	m
	Roy A	. Alterman	PA	ZIE AIDA	
	2115 P	alm Bay Rd. A	UE Suite	1E	
	Paln Bay	FL 3290.5 City/State and Zip Code			
	E-mail address: (to	Gused for future annual report notifica	tion)		
For further informatio	n concerning this matter, please cal	II:			
Romer Name	4.Altona d of Person	at (331) 726-00 Area Code & Daytime T	elephone Number	<del></del>	
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status &	<del>i</del> )

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

(Name of the Limited Liability (A Florida	ity Company a Limited Liab	estments as it now appears on oility Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company we 4933	ere filed on JUA	e1,2011	and assig	ned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lin		y company here:		JG 26 AM 8: ETARY OF STA HASSEE, FLOO	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited	Liability Company,"	the designation "L		previation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	- <u>(DRESS)</u> _	Suite #	Intral Bl 118 FL 32		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- -	5):le#1	ntral B11 118 , FC 3		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		e address on our i	records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:					
New Registered Office Address: 42	94 E.	Central Blo Enter F	ilorida street add		<del></del>
	Drima	6 City	, Florida	3 <u>2801</u> Zip Code	<del></del> .

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 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 1 = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Туг	oe of Action
				Add Remove
				Add Remove
				Add Remove
	_			Add Remove
			A R	add Jemove
	_		A	.dd .emove
		ange(s) here: (Attach additional sheets, if necessor	SECRETARY TALLAHASSE	FILED
	: ↓	mber or authorized representative of a member  JOIE MULCAY  ped or printed name of signee		-

Page 2 of 2

Filing Fee: \$25.00