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K.SALY EXAMINER AUG 7 2012

## **COVER LETTER**

TO:	Registration So Division of Cor					
Doctor Short SqleLLC						
SUBJE	:CT:		ed Liability Company			
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspo	ondence concerning this matter t	o the following:			
		Eri	ic Greenstein			
Name of Person						
Poctor Short Sale, LLC Firm/Company 1497 Landings Lake Drive						
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Code  Code  E-mail address: (to be used for future annual report notification)						
		E-mail address: (to	be used for future annual report notificat	ion)		
For fur		oncerning this matter, please ca		·		
	Eric C Name o	reem  -e <sub>1</sub> / <sub>1</sub>	at ( <u>) 41) 50 4 - 8</u> Area Code & Daytime To	elephone Number		
Enclosed is a check for 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)		

### 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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rds.)	<del>'EE</del> , F <u>L</u>	ORIDA

Zip Code

Poctan Short	Sale, LLC	TALLAHASI OF STATE
(Name of the Limited Liability Compa (A Florida Limited I		cords.) FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5/5/1$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desi	gnation "LLC" or the abbreviation
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 of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
	, F	lorida

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

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

**Title** <u>Address</u> **Type of Action** Jesse Smith-Dow Bekerly A. Smith Add Remove Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Eric Green Hein Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00