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D. BRUCE JUL 0 5 2012 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	Y
SUBJI	ECT: South Florida Transitions LLC Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	David Jones Name of Person	
	South Florida Transitions LLC Firm/Company	
	2351 S Douglas Rd PH-4	≨; -
	Miami, FL 33145 City/State and Zip Code	P2 JUL -2
	E-mail address: (to be used for future annual report notification)	2 PH
For fu	orther information concerning this matter, please call:	is = O
	David James at (301) 62/0 -1618 Name of Person Area Code & Daytime Telephone Number	O2 RIDA
[<u>]</u> \$2	(additional copy is enclosed) Certified	ite of Status &

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

South Flor		ons LLC
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appear nited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Com- Florida document number $\underline{L1200078060}$.		6/11/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
E		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
Maning dates MAT BE ATOST OFFICE BOX		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
		, 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> **Address Type of Action** MGRM Robert Jones 2351 S Douglas Rd PH-4 rando ☐ Add Remove ☐ Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Friday, June 29. Signature of a prember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00