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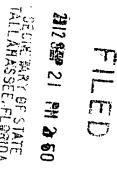
(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Se Division of Con						
SUBJI	ECT:	The Shoppes a	nt Hunter's Creek, LLC	<b>&gt;</b>			
3020.			ted Liability Company				
The en	closed Articles of	'Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
Bassam H. Mnayarji							
			Name of Person		ZE SE	312	
		Firm/Company			83 2	-	
	P.O. Box 916655				1.0388 1.0388	2	1
Address					<b>15</b> 2	C	
Longwood, Florida 32791-6655  City/State and Zip Code				MD%	0		
		bmn	-				
For fur	ther information (	E-mail address: (concerning this matter, please of	ayarji@embarqmail.com to be used for future annual report no	tification)			
101141							
		am H. Mnayarji of Person	at ( 407 ) Area Code & Dayt	376-2246 ime Telephone Number	<u></u>		
Enclos	ed is a check for t	he following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Stat		ed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Shoppe	es at Hunter's Cree	k, LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.) )	
The Articles of Organization for this Limited Liability	Company were filed on	June 28, 201	2 and assigned
Florida document numberL12000084938	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
The new name must be distinguishable and end with the v	vords "Limited Liability Com	pany," the designatio	n "LLC" or the abbreviation
"L.L.C."			TALL.
Enter new principal offices address, if applicable:			C. C
(Principal office address MUST BE A STREET AD)	DRESS)		HASSE 2
Enter new mailing address, if applicable:			EFF ST
(Mailing address MAY BE A POST OFFICE BOX)			DM 8
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	==	our records, ent	er the name of the ne
Name of New Registered Agent:	_		
New Registered Office Address:	Enter Florida street address		
		_, Florida	l
<del></del>	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 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				
Mgr	William Guzman	P.O.Box 8483 Tallahassee, Florida 3231	Add  Remove				
Mgr.	Maha Mnayarji	P.O. Box 916655 Longwood, Florida 32791	✓ Add Remove				
			Add Remove				
			AddRemove				
	<del> </del>		AddRemove				
			AddRemove				
D. If amer	nding any other information, o	enter change(s) here: (Attach additional sheets,					
			MID SEE 21 M				
Dated	September 18		SIAR SO				
	Signature	of a member or authorized epresentation of a member of authorized epresentation of a member of a membe	per				
		Bassam H. Mnayarji					

Page 2 of 2

Filing Fee: \$25.00