Division of Corporations Electronic Filing Cover Sheet

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(((H12000268111 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140

Attn: Likincoln

Phone Fax Number

: (561)844-3600 : (561)842-4104

**Enter the email address for this busines entity to be used for future annual report mailings. Enter only one email address pleasen

Email Address: 1K

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GABLES END, LLC

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NOV 13 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICED STATE STATE STATE STATE

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GARI	ES END, LLC	(((H12000268111 3)))	
(Name of the Limited Liability C (A Florida Lin		ur records.)	
(A Florida Lin	nited Liability Company)	·	
The Articles of Organization for this Limited Liability Cor	npany were filed on 7/26/20	12 and assigned	
Florida document number L12000096676			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here;		
STACK CROS			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(222)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on our re <u>233 here</u> :	ecords, <u>enter the name of the new</u>	
Name of New Registered Agent;			
New Registered Office Address:		·	
	Enter Florida street address		
<u></u>	, Florida		
	City	Zip Code	
	4 4-		

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.

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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>	Name	<u>Address</u>	(((H120002681113))) * *********************************		
			Add		
			Remove		
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			(((H1200026811-13))) Remove		

FILED.
SEGRETARY OF STATE
DIVISION OF CORPORATIONS

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D. Hamending ar	ry other information, unter change(s) here: (Attach additional sheets, if necess	ary.)
	(((H1)	2000268111 3)))
Dested		
-	Signature of a member of sublighted representative of a member FIORENZO BRESOLIN	
	Typed or printed name of signed	
	Pose 3 of 2	

Filing Fee: \$25.00