L12000109916

, (Re	equestor's Name)			
(Address)				
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(De	ocument Number)			
(DC	ocument ivamber)			
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

ON OF 26 PM 1: 56

C. LEWIS

OCT 29 2012

EXAMINER

COVER LETTER

Division of Co.		
SUBJECT:	6325 Arollo BEACH LLC Name of Limited Lifebility Company	
	L12000109916	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all corresp	ndence concerning this matter to the following:	
	STATE JONES MGA MOUSER (MGA	2M)
	6325 LLC Firm/Company	
	6328 FLAMINGO DR. Address	
	Apollo BEACH, FL 33572- City/State and Eip Code STEVE TONES 777 Chotukic, Com	
	STEVE TONES 777 Chotwhic. Com E-mail address: (to be used for future annual report notification)	
For further information	oncerning this matter, please call:	
STEVE Name	TONES at (813 334-5912 Area Code & Daytime Telephone Number	
Enclosed is a check for \$25.00 Filing Fee	S55.00 Filing Fee & Certificate of Status & Certificat	
	(additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREETACOURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6325 Apollo BEACH LLC

DIVISION OF CORFORATIONS
2012 OCT 26 PM 1: 56

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed onand assigned
lorida document number <u>L 12 00010 99 16</u>
his amendment is submitted to amend the following:
i. If amending name, enter the new name of the limited liability company here: 6325 LLC
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".
ater new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
s. If amending the registered agent and/or registered office address on our records, enter the name of the new
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
ew Registered Agent's Signature, if changing Registered Agent;
hereby accept the appointment as registered agent and agree to act i n this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete perfor man ce of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Tv of Action
			Add Remove
			_
	***************************************		Add Remove
			Add Remove
***************************************			Remove
			LJ
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF CORPC DIVISION OF CORPC POLY OCT 26 POLY
_			RY OF SIATIONS CORPORATIONS 26 PM 1:56
			
Dated	S	12. CHANGING NAME	e of cic
		TONES MGRM	
	6323	Page 2 of 2	

Filing Fee: \$25.00