

L120000126164

✓
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☒

Name close
Special Instructions to Filing Officer:

Waikiki

Office Use Only



100248250011

06/03/13--01001--001 **60.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 MAY 31 PM 1:37
NOTED
TO ALXANDRE
SUFFICIENT OF FILING

FILED
2013 MAY 31 AM 8:30
DEPT. OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUN 3 2013

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 05/31/13

REF. #: 8785519

CORP. NAME: 12870 FOREST HILL WEST PALM BEACH FL, LLC changing its name to; 6505
MEMPHIS ARLINGTON BARTLETT TN, LLC

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☒ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

FILED
2013 MAY 31 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 70003169 FOR \$ 60.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| ☒ CERTIFIED COPY | ☒ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 12870 FOREST HILL WEST PALM BEACH FL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTIAN J. FERNANDEZ, ESQ

Name of Person

NOBLE MANAGEMENT COMPANY

Firm/Company

4280 PROFESSIONAL CENTER DRIVE SUITE 100

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

lisa@noblep.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristian J. Fernandez

Name of Person

at (561) 966-0070

Area Code & Daytime Telephone Number

FILED
2013 MAY 31 AM 8:30
TALLAHASSEE, FLORIDA

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**

12870 Forest Hill West Palm Beach FL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 7, 2013 and assigned
Florida document number L12000126164.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

6505 Memphis Arlington Bartlett TN, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

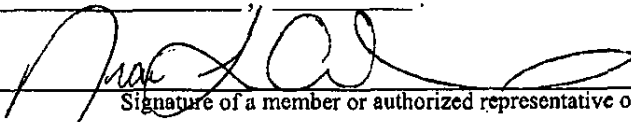
New Registered Agent's Signature, if changing Registered Agent:

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

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

Traci L. Ambrosino, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 31 AM 8:30
TALLAHASSEE, FLORIDA