# 12000/40239

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(Add	ress)	
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(City/	/State/Zip/Phone	e #)
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# **COVER LETTER**

TO:	Registration Sect
	Dill CO

Division of Corporations

,,,,,, S 3907, 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:

John H. Patterson, Jr.

Name of Person

PATTERSON & SWEENY, PL

Firm/Company

9130 S. Dadeland Blvd., Suite 1218

Address

Miami, Florida 33156

City/State and Zip Code

pat@pattersonsweeny.com

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

For further information concerning this matter, please call:

John H. Patterson, Jr.

305 350-9000

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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49.05

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■\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

	S 3907, LLC	
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liabil Florida document number <u>L12000160239</u>	ity Company were filed on 12/26/2012	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
N 2307, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designate	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		2013 SEE
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		SSEE OF
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
K -	<del></del>	ATE 39
Name of New Registered Agent:		g
New Registered Office Address:		
	Enter Florida stree	et address
_	, Floric	
	City	Zip Code

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

**3**3 3

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 Empany 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
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If amending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
January 11	$\frac{1}{1600000000000000000000000000000000000$
- R.A.	Signature of a member or authorized representative of a member
John H. Pa	atterson, Jr.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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