# 1300015868

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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# **COVER LETTER**

Division of Corp	porations				
SUBJECT:	Name of Limit	eRTy + MANAGE ed Liability Company L 1300	2 <u>MENT</u> 200758	68 68	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Joon &	Basso Register	ed Agen	J	
		Firm/Company			
	14126 (	Palidone CT. Address			
	<del></del>	Address		<u> </u>	
	WINTER G	Address  ARDEN, FL 3472  City/State and Zip Code  COCAR & GMAIL. (C	PT É	28 19 HOV 22	
		City/State and Zip Code		注 2 2	E 25 17 12 47 14 14
	E-mail address: (t	TO CA C GMAIL. (Co be used for future annual report notificati	<u> </u>	·	i v
For further information co	oncerning this matter, please ca	•	•		, 14,14 1 ,
	OND BASSO	at (407) 928-07	'PZ	5	
Name of	Person	Area Code & Daytime Te			
Enclosed is a check for th	e 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 Certificate of Certified Co	of Status &	sed)

## 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

South Property +  (Name of the Limited Liability Co (A Florida Lim	- MANAGEMENT	24C
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our raited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com Florida document number 413 0000 758 6.8	npany were filed on $\frac{5}{2}$	3/13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(22)	-1 6-3
		13 NOV 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnter Florid	a street address
	Line 1 101 to	
	, City	Florida 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	OUDHAH BEN	610 RIVERVICW AVE AFTAMONTE SPRINGS, FL 32714	Add
	V (1,00. 77	FL 32714	Remove
			Add
			Remove
			Add
		***	Remove
			- 53 1
			Add
			Remove
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			Add
			Remove
			Add
			Remove
			Kemove
		·	_

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
- Dated	November 13, 2013.
	Registered AgonT
	Signature of a member or authorized representative of a member  ROCCO BA-550
	Typed or printed name of signee

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Filing Fee: \$25.00

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