L13000089854

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COVER LETTER

Division of Corporations	
SUBJECT: 6408 SHORTLEAF 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:	
TERENCE L. DANZIE Name of Person	
6408 SHORTLEAF LLC Fire Company	
4160 N. CANALST. # 12124 Address	
TRESCETVISA & BELLSOUTH, NET E-mail address: (to be used for future annual report notification)	2
RESCETVISA & BELLSOUTH, WET E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	TILE TO
TERENCE L. DANZIE at (904) 307-3400	
TERENCE L. DANZIE at (904) 307-3400 Name of Person Area Code Daytime Telephone Number	# 22 # 22
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{Certified Co} \text{Certified Copy (additional copy is enclosed)}	of Status & opy

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

6408 SHORTLEAF	LLC				
(<u>Name of the Limited Liability Cond</u> (A Florida Limited	bany as it now appears on or d Liability Company)	ır records.)			
The Articles of Organization for this Limited Liability Compan Florida document number <u>413000089854</u> .	ny were tiled on 06 _	/19/2013 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ıbility company here:				
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		-1			
Principal office address MUST BE A STREET ADDRESS)					
		<u> </u>			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
		2			
B. If amending the registered agent and/or registered orgistered agent and/or the new registered office address he	office address on our ere:	records, enter the name of the new			
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KAREL C. DANZIE	4160 N. CANAL ST. #121	24 PAdd
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Page 3 of 3

Filing Fee: \$25.00