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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **5231 THL, 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:

**Adam Zipper**

Name of Person

**Strock & Cohen, Zipper Law Group, P.A.**

Firm/Company

**2900 Glades Circle, Suite 750**

Address

**Weston, FL 33327**

City/State and Zip Code

**azipper@strocklaw.com**

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

For further information concerning this matter, please call:

**Adam Zipper**

Name of Person

at **(954) 659-2220**

Area Code

Daytime Telephone Number

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**5231 THL, 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 2/25/2014 and assigned  
Florida document number L14000032368.

This amendment is submitted to amend the following:

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

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)**

c/o Florida Foreclosures II, LLC

800 Harbour Drive, Suite 4

Naples, FL 34103

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Florida Foreclosures II, LLC

800 Harbour Drive, Suite 4

Naples, FL 34103

**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:**

Florida Foreclosures II, LLC

**New Registered Office Address:**

800 Harbour Drive, Suite 4

Enter Florida street address

Naples

City

, Florida 34103

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.*

*Michael T. Jordan*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	5231 GGC LLC, a Florida limited liability company	c/o Florida Foreclosures II LLC	<input checked="" type="checkbox"/> Add
		800 Harbour Drive, Suite 4	<input type="checkbox"/> Remove
		Naples, FL 34103	
MGR	The Housing League, Inc.	2046 Treasure Coast Plaza, Suite A370	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

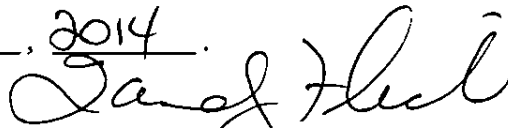
The effective date for the change of Manager shall take place 90 days after the filing of this document.

The effective date for the change of address shall become effective immediately upon the filing of this document.

**E. Effective date, if other than the date of filing: see section D above (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10, 2014.

  
Signature of a member or authorized representative of a member

Sandy Flick  
Typed or printed name of signer