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R. Whine

## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJEC	6243 TA	LBOT, LLC		
SUBJEC	Ji	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		STEVEN W. LEDBE	ETTER, ESQUIRE	
			Name of Person	
		STEVEN W. LEDBE	ETTER, P.L.	
	,		Firm/Company	
		229 PENSACOLA F	ROAD	
			Address	
		VENICE, FL 34285		
			City/State and Zip Code	
		CORP@SWLLAW.C		
			to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
MARG	SE CASOLE		941 256-3965	EXT. 5
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	MAIL	INC ADDDESS.	STREET/COURT	CD ADDDECC.

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 ARTICLES OF ORGANIZATION **OF**

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15 APR 10 AH 11:29

6243 TALBOT, 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 Florida document number L15000057708	y were filed on APRIL 1, 2015	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
6342 TALBOT, LLC	·	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<i>t</i>	
(Principal office address MUST BE A STREET ADDRESS)		
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 of	office address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
÷	, Florida	
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** \_□ Add ☐ Remove \_□ Remove \_\_\_\_\_\_ \_ \_ Remove □ Add ☐ Remove \_\_\_\_ Remove □ Add \_\_\_\_\_ Remove

<i>i</i>
EIN # 47-3601387
ELIVETTOOLIGE
Effective date, if other than the date of filing:
the date this document is filed by the Florida Department of State)
the date this document is filed by the Florida Department of State)
Dated
the date this document is filed by the Florida Department of State)
Dated

Page 3 of 3

Filing Fee: \$25.00