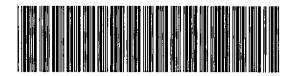
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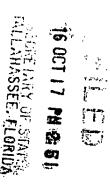
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2016

STUART HANKIN 7741 MILITARY TRAIL #1 PALM BEACH GARDENS, FL 33410 US

SUBJECT: 6291 SHADOW TREE LANE LLC

Ref. Number: L16000048710



We have received your document for 6291 SHADOW TREE LANE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00021357

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(2011 Sha	dow Tre	e lane	LLC
(Name of the Limits	d Liability Company as it i A Florida Limited Liability	<u>iow appears on our record</u> Company)	<u>s.</u>)
The Articles of Organization for this Limited Lie Florida document number		led on 3/8/10	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability con	npany here;	
The new name must be distinguishable and contain the wo	ords "Limited Liability Comp	any," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off		dress on our records	, enter the name of the new
Name of New Registered Agent:	Produgy	Capital	Inde
New Registered Office Address:		<u>.</u>	67.
		Enter Florida street address	,
	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

Page 1 of 3

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> **Address** <u>Name</u> Type of Action □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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Filing Fee: \$25.00