

LO8 000064528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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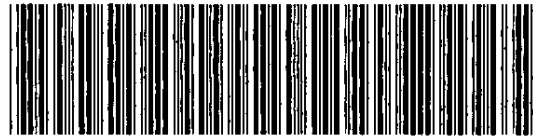
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
SEP -4 2008
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4677 MCLEOD 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:

Cristina DeOliveira

(Name of Person)

DeOliveira & Associates, P.A.

(Firm/Company)

804 Douglas Road, Suite 565

(Address)

Miami, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Cristina DeOliveira

(Name of Person)

at (305) 444-9012

(Area Code & Daytime Telephone Number)

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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

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

4677 MCLEOD 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 07/02/2008 and assigned
Florida document number L08000064528.

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)

9970 NW 89th Court

Medley, Florida 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9970 NW 89th Court

Medley, Florida 33178

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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:

Leo Schigiel

New Registered Office Address:

9970 NW 89th Court

(Enter Florida street address)

Medley

(City)

Florida 33178

(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.

X
(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leo Schigiel	9970 NW 8 th Court Medley, Florida 33178	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Todd R. Kirkpatrick	2900 E. Oakland Park Blvd. Suite 200 Fort Lauderdale, Florida 33306	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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OFFICE OF THE
CLERK OF THE
COURT
FLORIDA

FILED

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

Dated August 29, 2008

X

Signature of a member or authorized representative of a member

Leo Schigiel

Typed or printed name of signer