

L11000064404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

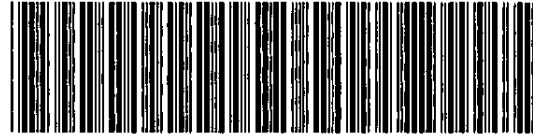
Special Instructions to Filing Officer:

**A. LUNT**

OCT 23 2012

**EXAMINER**

Office Use Only



100240903091

10/22/12--01050--007 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT 22 PM 2:48

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4802 IB3 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:

**JULIANNA CASTRO**  
Name of Person  
**4802 IB3 LLC**  
Firm/Company  
**1450 BRICKELL AVENUE, STE 1400**  
Address  
**MIAMI, FLORIDA 33131**  
City/State and Zip Code  
**JULICABE@HOTMAIL.COM**  
E-mail address: (to be used for future annual report notification)

FILED  
2012 OCT 22 PM 2:48  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

**JULIANNA CASTRO** at ( **786** ) **220-0330**  
Name of Person 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

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

4802 IB3 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 06/02/2011 and assigned Florida document number L11000064404.

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)

1450 BRICKELL AVENUE

STE 1400

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1450 BRICKELL AVENUE

STE 1400

MIAMI, FLORIDA 33131

FILED  
2011 OCT 22 PM 2:49  
CLERK OF CIRCUIT COURT  
MIAMI, FLORIDA

**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:

JULIANNA CASTRO

New Registered Office Address:

1450 BRICKELL AVENUE, STE 1400

*Enter Florida street address*

MIAMI

*City*

, Florida

33131

*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.*



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

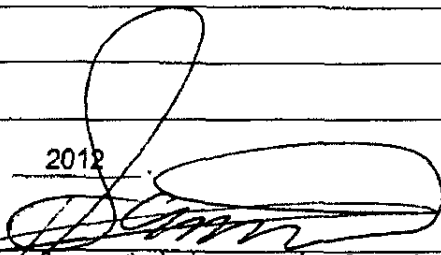
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUSTAVO GAMBINO	785 CRANDON BLVD. #201 KEY BISCAYNE FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JULIANNA CASTRO	1450 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131	<input checked="" type="checkbox"/> 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 12 OCT 2012 11:02 AM  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated OCTOBER 15, 2012



Signature of a member or authorized representative of a member

GUSTAVO GAMBINO  
 Typed or printed name of signee