

LI 000071494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

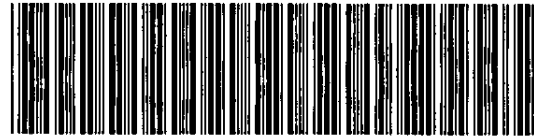
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 417 NW 46th 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:

**Allen, Christine MS**  
Name of Person  
**417 NW 46th LLC**  
Firm/Company  
**1445 16th St PH-1**  
Address  
**Miami Beach, FL 33139**  
City/State and Zip Code  
**1445aca@gmail.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE

For further information concerning this matter, please call:

**John Lyman** at **(305) 389-6665**  
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



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	Gladd, Ken	439 NW 46th St	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
MGR	Lyman, John	1445 16th St PH-1	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

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

Four horizontal lines for amending information.

Dated 10/05/2013

*Christine Allen*

Signature of a member or authorized representative of a member

Christine Allen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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