

L11000136106

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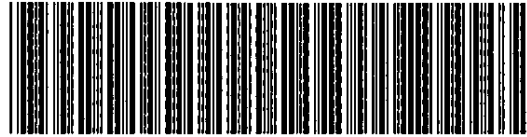
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DEC 28 2012

EXAMINER



100242950231

12/26/12--01023--020 **25.00

FILED
12 DEC 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4063 ENT 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:

CRAIG D. BLUME, ESQ.

Name of Person

CRAIG D. BLUME, P.A.

Firm/Company

800 HARBOUR DRIVE

Address

NAPLES, FLORIDA 34103

City/State and Zip Code

NAPLESLAWOFFICE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

FILED
12 DEC 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CRAIG D BLUME

Name of Person

239 417-4848

at () 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**

4063 ENT, 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 12/02/2011

Florida document number L11000136106

FILED
12 DEC 26 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

800 HARBOUR DRIVE

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FLORIDA 34103

Enter new mailing address, if applicable:

800 HARBOUR DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FLORIDA 34103

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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	LUCIA FOIANI	4308 LONGSHORE WAY SOUTH	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34119	<input checked="" type="checkbox"/> Remove
MGR	PLC MANAGEMENT, LLC	800 HARBOUR DRIVE	<input checked="" type="checkbox"/> Add
		NAPLES, FLORIDA 34103	<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

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

Dated **DECEMBER 14,** 2012

Lucia Foiani

Signature of a member or authorized representative of a member

LUCIA FOIANI

Peter Takos

PETER TAKOS

(Typed or printed name of signee)

Page 3 of 3

Filing Fee: \$25.00