

L12000099414

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 8 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4800 BUILDING 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:

ROSEMARY LINDSEY  
Name of Person

ROSEMARY LINDSEY LLC  
Firm/Company

6278 NORTH FEDERAL HIGHWAY, #305  
Address

FORT LAUDERDALE, FL 33308  
City/State and Zip Code

JORCHIDS@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSEMARY LINDSEY at (954) 771-5906  
Name of Person 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**

4800 BUILDING 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 08/02/2012 and assigned Florida document number L12000099414.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

1090 BUILDING LLC

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)**

2031 NE 59 STREET

FORT LAUDERDALE, FL 33308

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2031 NE 59 STREET

FORT LAUDERDALE, FL 33308

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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:** \_\_\_\_\_

**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>  |
|--------------|--|---|--|
| MGRM         | JANE W DePADRO                               | 2031 NE 59 STREET<br>FORT LAUDERDALE, FL 33308 US | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | ROBERT E DePADRO TRUST B<br>DATED 11/04/2001 | 2031 NE 59 STREET<br>FORT LAUDERDALE, FL 33308 US | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**FILED**

Dated NOVEMBER 5, 2012

ROBERT E DePADRO TRUST B DATED 11/04/2001, JANE W DePADRO, TRUSTEE

Signature of a member or authorized representative of a member

*Jane W. DePadro* TTEE

Typed or printed name of signee