

L12000106311

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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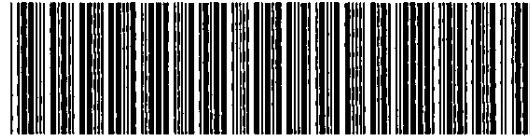
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SEP 18 2012

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 11 PM 1:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5040 E 4 AVE, 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:

JOHN S. BOHATCH
Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, P.A.
Firm/Company

7301 SW 57TH COURT, SUITE 760
Address

SOUTH MIAMI, FL 33143
City/State and Zip Code

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

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SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
12 SEP 11 AM 11:16

For further information concerning this matter, please call:

JOHN S. BOHATCH at (**305**) **666-1040**
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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 SEP 11 PM 1:16

5040 E 4 AVE, 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 AUGUST 17, 2012 and assigned
Florida document number L12000106311.

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:

5979 NW 151 ST, SUITE 232

(Principal office address MUST BE A STREET ADDRESS)

MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

5979 NW 151 ST, SUITE 232

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI LAKES, FL 33014

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:

JOAQUIN A. CESPEDES, JR.

New Registered Office Address:

5979 NW 151 ST, SUITE 232

Enter Florida street address

MIAMI LAKES

Florida

33014

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

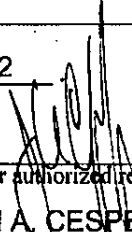
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated SEPTEMBER 7, 2012



Signature of a member or authorized representative of a member
JOAQUIN A. CESPEDES, JR.

Typed or printed name of signee