

L13000098142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

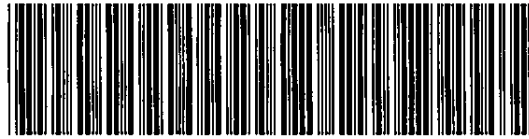
(Business Entity Name)

(Document Number)

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TAXPAYER SERVICE  
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11.11

LOUIS MERRY  
EXAMINER  
OCT 8 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 411 SE 18th Street, 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:

**Eli Feller**  
Name of Person  
**Efficient Property Management, LLC**  
Firm/Company  
**2 Industrial Way West Suite 300**  
Address  
**Eatontown NJ 07724**  
City/State and Zip Code  
**yabeyman@reliancecorporate.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Yaakov Beyman** at **732 380-4655**  
Name of Person Area Code & Daytime Telephone Number

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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**

\_\_\_\_\_  
**(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 07/10/2013 and assigned Florida document number L13000098142.

This amendment is submitted to amend the following:

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

4712 W Fairfield Drive, 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2013 OCT -4 AM 11:07  
STATE OF FLORIDA

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

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

**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>                   |
|--------------|-------------|----------------|---|
| _____        | _____       | _____          | <input type="checkbox"/> Add            |
| _____        | _____       | _____          | <input type="checkbox"/> Remove         |
| _____        | _____       | _____          | <input type="checkbox"/> Add            |
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| _____        | _____       | _____          | <input type="checkbox"/> Remove         |
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| _____        | _____       | _____          | <input type="checkbox"/> Add            |
| _____        | _____       | _____          | <input type="checkbox"/> Remove         |

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 215 S Main  
 11111  
 11111

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

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

Dated September 30th, 2013

*Eli Feller*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Eli Feller

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE  
INDIANA