# L01000000019

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# **COVER LETTER**

TO: Registration Se Division of Cor	ction porations				
SUBJECT:	7.01 Buildie Name of Limit	ed Lizbility Company			
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	/	romas Egan			
		Name of Person			
		Firm/Company			
	2107	SE 3rd Aven	ve.	2818	<b>***</b>
	Ocal	SE 3rd Aven Address  G FZ 34471  City/State and Zip Code	:	2818 JUN-3 PHIZ: 10	ener Fran
	<u>.</u>	City/State and Zip Code	<del></del>	PH 12	limes been in the
	E-mail address: (to	o be used for future annual report notificati	ion)	<u> </u>	٠
For further information c	oncerning this matter, please co			)	
Som	 e .	at (352) 629-	7110		
Name o	f Person	Area Code & Daytime Te		-	
Enclosed is a check for the	he 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 S Certified Copy (additional cop	tatus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

2701 Building	L-Ci	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $\frac{2}{3}$	200 and assigned
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  200 Bulding LLC  The new name must be distinguishable and end with the words "Limited liabile and end	<del></del>	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)	-N/A	
Enter new mailing address, if applicable:		T P
(Mailing uddress MAY BE A POST OFFICE BOX)	$NA$	12: 10 0 A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:	14	
New Registered Office Address:	Enter Florida stree	et address
	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I furth	er agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 amendit	ng the Managers or Managing Members ng Member being added or removed fro	on our records, <u>enter</u> m <u>our records</u> :	the title, name, and addres	s of each Manager
MGR = M MGRM =	anager Managing Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
	· .			Add
			/	Remove
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		<del></del>	THE SUPERIOR TO THE SUPERIOR T	Add
			MANDEE FIWARDA	Remove
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		<del></del>		_
				Add
	(	<del></del>		Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	5-29 2013
	, , , , , , , , , , , , , , , , , , , ,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Typedor printed name of signes
	, , , , , , , , , , , , , , , , , , ,
	Page 3 of 3

Filing Fee: \$25.00

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