

L03000027794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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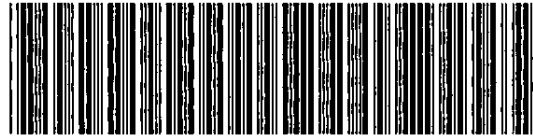
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 20 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4000 N Federal Hwy, 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:

Franchesca Rhodis, Esq.

Name of Person

Franchesca Rhodis, P.A.

Firm/Company

3312 Griffin Road

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

frhodis@frpalaw.com

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

For further information concerning this matter, please call:

Franchesca Rhodis

Name of Person

at (**954**) **449-1787**

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**

4000 N Federal Hwy, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 29, 2003 and assigned
Florida document number L03000027794.

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:

(Principal office address MUST BE A STREET ADDRESS)

3312 Griffin Road

Fort Lauderdale, FL 33312

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:

Franchesca Rhodis, Esq.

New Registered Office Address:

3312 Griffin Road

Enter Florida street address

Fort Lauderdale

City

, Florida 33312

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

Title	Name	Address	Type of Action
MGRM	John Rhodis	800 East Hallandale Beach Blvd	<input type="checkbox"/> Add
		Suite #23	<input checked="" type="checkbox"/> Remove
MGRM	Nicholas Rhodis	800 East Hallandale Beach Blvd	<input type="checkbox"/> Add
		Suite #23	<input checked="" type="checkbox"/> Remove
MGRM	George Rhodis	3312 Griffin Road	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<input type="checkbox"/> Remove
MGR	Francesca Rhodis	3312 Griffin Road	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<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.)

NONE.

Dated November 15, 2012.

John Phordis

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00