

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: East Fourth Avenue Land Investments, 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:

Name of Person
East Fourth Avenue Land Investments, LLC
Firm/Company
18001 Old Cutler Road, Suite # 370
Address
Palmetto Bay, Florida 33157
City/State and Zip Code
carlos.bared@farmstores.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gutierrez at **(800) 726-3276 ext 2318**
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

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

MGR = Manager
 AMBR = Authorized Member

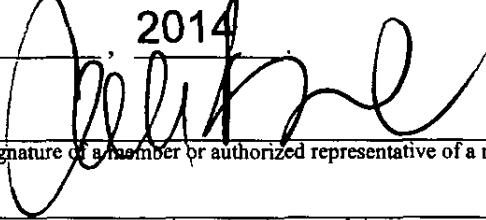
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Bared	18001 Old Cutler Road, Suite # 370	<input checked="" type="checkbox"/> Add
		Palmetto Bay, Florida 33157	<input type="checkbox"/> Remove
MGR	Maurice Bared	18001 Old Cutler Road, Suite # 370	<input checked="" type="checkbox"/> Add
		Palmetto Bay, Florida 33157	<input type="checkbox"/> Remove
MGRM	Barco Investments, LLC	18001 Old Cutler Road, Suite # 370	<input type="checkbox"/> Add
		Palmetto Bay, Florida 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 12, 2014


Signature of a member or authorized representative of a member

Carlos Bared

Typed or printed name of signee

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