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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
JUL -9 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 341 Lofts #4, 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:

Julia Meadows

Name of Person

~~Julia~~

Firm/Company

5759 17th Ave N.

Address

St. Petersburg, FL 33710

City/State and Zip Code

Julia_stpete@hotmail.com

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

For further information concerning this matter, please call:

Julia Meadows

Name of Person

at (727)

773-6363

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUL -5 PM 1:40

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

341 Lofts #4

(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 1/12/2006 and assigned
Florida document number L06000004139.

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)

5759 17th Avenue N.
St. Petersburg, FL 33710

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5759 17th Avenue N.
St. Petersburg FL 33710

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:

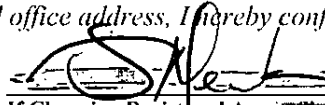
Name of New Registered Agent: Julia Meadows

New Registered Office Address:

5759 17th Avenue North
St. Petersburg, Florida 33710
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>
MGR	Julia Meadows	5759 17th Avenue North St. Petersburg FL 33710	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Thomas G. Long	601 Bayshore Blvd. Suite #700 Tampa FL 33606-2756	<input checked="" 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 6/19, 2012

Thomas G. Long

Signature of a member or authorized representative of a member

Thomas G. Long

Typed or printed name of signee

2012 JUN -5 PM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED