

L060000105491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

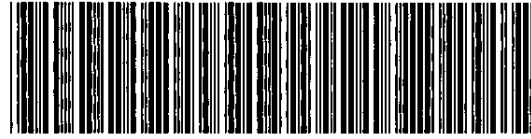
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4900 11TH STREET EAST LLC
Name of Limited Liability Company

DOC #
L06000105491

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM FELL JR.
Name of Person
4900 11TH STREET EAST LLC
Firm/Company
1130 SUSQUEHANNA AVE
Address
BALTIMORE MD 21220
City/State and Zip Code
WFELL101@AOL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

WILLIAM FELL JR. at (410) 563-7480
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 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>
MGRM	MAZEL REALTY	P.O BOX 23646	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		BALTIMORE MD 21203	
MGRM	BOHCTAB VENTURES INC.	1130 SUSQUEHANNA AVE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		BALTIMORE MD 21220	
			<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)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Dated August 23, 2012

Timothy F. Hearn
Signature of a member or authorized representative of a member

TIMOTHY HEARN
Typed or printed name of signee