

L070000033698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

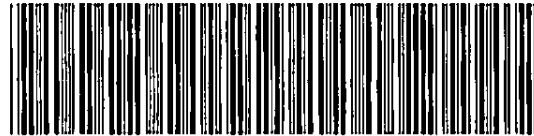
(Business Entity Name)

(Document Number)

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17 AUG 18 PM 12:33  
TAMPA, FLORIDA

S. WARREN

AUG 21 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4014 Building 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:

Liza Nagle - Palmer  
Name of Person

4014 Building LLC  
Firm/Company

4014 NE 5<sup>TH</sup> Terr  
Address

Oakland Park FL 33334  
City/State and Zip Code

Liza Palmer 68@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liza Nagle Palmer at (904) 200-1458  
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

4014 Buildina LLC

(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 07-01-2017 and assigned Florida document number L07000033698

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 contain 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)

4014 NE 5<sup>TH</sup> Ter r

Oakland Park FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 70065

Oakland Park FL 33307

**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:

Liza Nagle -Palmer

New Registered Office Address:

4014 NE 5<sup>TH</sup> Terr.

Enter Florida street address

Oakland Park

City

, Florida

33334

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 605, 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

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STATE  
OF FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Liza Nagle Palmer	4014 NE 5 <sup>TH</sup> Ter	<input type="checkbox"/> Add
		Oakland Park Fl 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lois Nagle		<input type="checkbox"/> Add
		2045 NE 15 <sup>TH</sup> ST FLand	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lois Nagle		<input type="checkbox"/> Add
		2045 NE 15 <sup>TH</sup> ST FLand Fl 33304.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
DADE COUNTY FLORIDA

[illegible]

**E. Effective date, if other than the date of filing:** 06.09.2017 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8.13.17

Signature of a member or authorized representative of a member

Typed or printed name of signee

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FBI - NEW YORK