L07000124884

(Re	questor's Name)
(Add	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
	A. LUNT
	A. LUNI
	JAN - 8 2013
	EXAMINER

Office Use Only

400242933224

2013 JAII - 2 AN II: 21 **60.00

ALLAHASSEE, FLORIDA - 01/02/13--01020-

COVER LETTER

TO:

Registration Section
Division of Corporations

3918 CHIQUITA BLVD SOUTH, LLC

SUBJECT:

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:

Howard A. Jacobs

Name of Person

Jacobs Capital Partners, LLC

Firm/Company

916 Indian Beach Drive

Address

Sarasota, FL 34234

City/State and Zip Code

Howard@JacobsCapitalPartners.com

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

For further information concerning this matter, please call:

Howard A. Jacobs

{.,,}941\358-6868

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3918 CHIQUITA BLVD SO			
(<u>Name of the Limited</u> (A	Liability Compai Florida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L07000124884	ability Company	were filed on 12/17/200	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
1324 S. Lakeshore, LLC			A 20
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the	
Enter new principal offices address, if applic	able:	no change	SET 2
(Principal office address MUST BE A STREE	T ADDRESS)		
			99
Enter new mailing address, if applicable:		no change	22
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/registered agent and/or the new registered of			ords, <u>enter the name of the new</u>
Name of New Registered Agent:	no change		
New Registered Office Address:	no change		
		Enter Flor	ida street address
		<u>-</u>	_, Florida
		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> Type of Action no change Remove no change no change Remove no change no change Remove no change Remove

D. If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) no change		
	<u> </u>		
		20 	
Dated		2013 JAN -2	Standary of the standard of th
	Signature of a member or authorized representative of a member HWAPD A. ACOS	<u>S</u> = :	
	Typed or printed name of signee Page 3 of 3	'' ∾	

Filing Fee: \$25.00