Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GFE TAX SERVICE LLC

Account Number : 120120000047 : (754)246-6160 Fax Number : (954)510-2072

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: gastonbelen@gfbtaxservice.com

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARKETSITE HOLLYWOOD PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TO:18506176383 FROM:9545102072

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: 2



November 19, 2014

FLORIDA DEPARTMENT OF STATE

MARKETSITE HOLLYWOOD PROPERTIES, LLC

5210 SW 201ST TERR SW RANCHES, FL 33332

SUBJECT: MARKETSITE HOLLYWOOD PROPERTIES, LLC

REF: L09000008364

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II FAX Aud. #: H14000021873 Letter Number: 414A00024521

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TO:18506176383

FROM: 9545102072

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COVER LETTER

TO:

Registration Section Division of Corporations

MARKETSITE HOLLYWOOD PROPERTIES, 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:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm:Company

5210 SW 201st TERRACE

Address

SOUTHWEST RANCHES, FL 33332

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

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

For further information concerning this matter, please call:

GASTON BELEN

_{..}754、246-6160

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Piling 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
radditional 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

11/19/2014	07:28		FROM: 9545102072 OF AMENDMENT	Page: H14000021873	5 3
		ARTICLES (TO OF ORGANIZATION OF	SECRETA TALLAHA	2014 1207 19
			PROPERTIES, LLC	ecords.)	19 (T)
The Articles of Florida docum	of Organization for the organization of the or	or this Limited Liability Com	ppany were filed on 01/27/2	009 and a	ns. [i] ned
This amendm	ent is submitted	to amend the following:			
A. If amendi	ing name, <u>enter</u>	the new name of the limited	d liability company here:		
	•		ed Liability Company," the designation	n "I.I.C" or the abbreviation	F"F.1C."
•	•	ddress, if applicable: <u>ST BE A STREET ADDRES</u>	to:		
(Timegan off	te marca ,no.	JI DI A STRILLI ADDRES			
Enter new m	ailing address, i	f applicable:	an sould be determined in any large large and the second sould be determined in the second	, part per play your constant of series are series over they are also as a series and	
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			and the field for Physics against the same of the field for the field of the field for		
		ered agent and/or register new registered office addres	ed office address on our red is here:	cords, <u>enter the nam</u>	e of the new
<u>Nan</u>	ne of New Regist	ered Agent:			
<u>New</u>	Registered Offi	ce Address:	Fater Florida street e	uldross	

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

Page 1 of 3

19/2014 If amending Authorized	07:28 TO:185061763 the Managers or Authorized Member Member being added or removed from	on our records, enter the title, name, and address of each Manag
MGR = M AMBR = A	anager uthorized Member	20 21
<u>Title</u>	Name	Address Type of Actio
MGRM	MARKETSITE SA	5210 SW 201ST TERR
		SW RANCHES, FL 33332
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
MGRM	MARKETSITE REAL ESTATE USA CORP.	5210 SW 201ST TERR
		SW RANCHES, FL 33332
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D. If amendi	ng any other ii	nformation, enter change(s)	here: (Attach additional sheets.	if necessary.)	201
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(The effective	date must be spec	flic, cannot be prior to date of receip by the Florida Department of State)	of or filed date and cannot be more than 90	(optional) days after	
Dated No	ovembe	er 19 <u>20</u>	14		
			EM)		
	GASTO	ON BELEN	dathor/en-epresentative of a member		
•		Typed or	printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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