

L09000119458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700238193147

08/10/12--01021---005 **25.00

FILED
12 AUG 10 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 13 2012



BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP
Attorneys & Counselors at Law

5355 Town Center Road Suite 900 Boca Raton, FL 33486
561.241.0414 Toll-Free 800.682.2825 Fax 561.241.9766 www.bdblaw.com

Akron
Boca Raton
Canton
Cleveland

Joseph M. Landolfi, Jr., LL.M.
E-Mail - jlandolfi@bdblaw.com

August 7, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 1030 Fleming, LLC – Articles of Amendment

Dear Sir/Madam:

With reference to the above, enclosed are the following:

- A. Cover Letter;
- B. Articles of Amendment to Articles of Organization
Of 1030 Fleming, LLC; and
- C. Our firms check in the amount of \$25.00 for the filing fee.

Should you have any questions please contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'J. Landolfi', is written over a large, stylized circular flourish.

Joseph M. Landolfi, Jr.
/rlm

Enclosures: as stated

cc: Jon R. Stefanik, II, Esq. (with enclosures)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1030 Fleming, 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:

Joseph M. Landolfi, Jr., Esq.
Name of Person

Buckingham, Doolittle & Burroughs, LLP
Firm/Company

5355 Town Center Road, Suite 900
Address

Boca Raton, FL 33486
City/State and Zip Code

jlandolfi@bdblaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph M. Landolfi, Jr., Esq. at (561) 241-0414
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
12 AUG 10 PM 4:29

1030 Fleming, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 16, 2009 and assigned
Florida document number L09000119458.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

3135 8th Street, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, 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

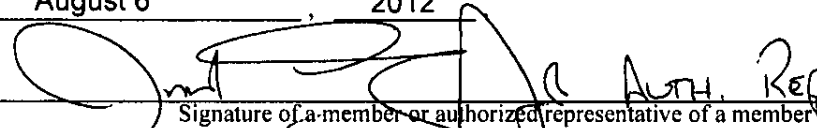
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Craig T. Amato	911 Fleming Street Key West, FL 33040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rainbow Real Estate Investments, LLC	911 Fleming Street Key West, FL 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Addrienne M. Amato	911 Fleming Street Key West, FL 33040	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 6, 2012


 Signature of a member or authorized representative of a member

Joseph M. Landolfi, Jr., LL.M., Authorized Representative of Member
 Typed or printed name of signee