L10000124461

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D. BRUCE

DEC 8 2010

EXAMINER

COVER LETTER ..

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	4415 N L(DIS AVENUE, LLC		
Name of Limited Liability Company					_
The end	closed Articles of A	mendment and fee(s) are su	ubmitted for filing.		
Please	eturn all correspond	lence concerning this matte	er to the following:		
	JACOB I. REIBER				
	Name of Person				
	LAW OFFICES OF JACOB I REIBER				
	Firm/Company				
	26650 Wesley Chapel Blvd., Suite A				
	Address Lutz, Florida 33559				
		•	City/State and Zip Code		
		E-mail address:	(to be used for future annual rep	ort notification)	
For furt	her information con	cerning this matter, please	call:		ASSEE, F
	Jacol	b I. Reiber	at (813)	973-0883 Daytime Telephone Nun	
	Name of Po	erson	Area Code &	Daytime Telephone Nun	
Enclose	d is a check for the t	following amount:			
₹ \$25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certif nclosed) Certif	Filing Fee, ficate of Status & fied Copy tional 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

	OIS AVENUE, L			
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Compan	y)		
The Articles of Organization for this Limited Liability Co	mpany were filed on _	December 3, 2010 and assigned		
Florida document numberL10000124461	_·	-		
	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company l	1ere;		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Con	npany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	7.		
		56.0		
		TASE OF THE		
Enter new mailing address, if applicable:		7 7		
(Mailing address MAY BE A POST OFFICE BOX)				
		SS F C		
		De to		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, enter the name of the new		
	•			
Name of New Registered Agent:				
New Registered Office Address:				
	i	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> **Address** Type of Action MGRM David M. Steele 5707 Purtian Road Tampa, Florida 33617 ✓ Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 6, 2010 Signature of a member or authorized representative of a member Lenny Puglio Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00