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(Requestor's Name) (Address) (Address)	200210235912	
(City/State/Zip/Phone #)	07/25/1101037005 **30.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2011 JUL 25 PM 2 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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e * e *	B ' ' * ~	COVER LETTER ·	s. *
TO: Registration S Division of Co			м,
SUBJECT:		4399, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Tonya Fuentes	
		Name of Person	
		Firm/Company	
	- <u></u>	P.O. Box 236816 Address	
		Cocoa, FL 32923	
	······	City/State and Zip Code	
	E-mail address: (rec2011@yahoo.com	
For further information of	concerning this matter, please of	call:	
· · · · · · · · · · · · · · · · · · ·	nya Fuentes	at ()	5226
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	∑\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	360.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Al Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

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	T	_		FILED JUL 25 MM 2 35	
ART	ARTICLES OF ORGANIZATION OF		2011	2011	
	0	ſ	2011	JUL 25 RM 2 20	
	MJ4399	9. LLC	TALLA	ETARY OF OF	
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on Jability Company)	our records.)	RETARY OF STATE HASSEE, FLORIDA	
The Articles of Organization for this Limited I		were filed on	2/25/2011	and assigned	
Florida document number L1100002					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name o</u>	of the limited liab	<u>ility company here</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company,"	he designation "I	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:	4399 35th Street N.			
Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 33714			
				<u> </u>	
Enter new mailing address, if applicable:		P.O. Box 236816			
(Mailing address MAY BE A POST OFFICE BOX)		Cocoa, FL 32923			
				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter t</u>	<u>he name of the new</u>	
Name of New Registered Agent:	Tonya Fuentes				
New Registered Office Address:	New Registered Office Address: 4399 35th Street N.				
	Enter Florida street address				
	St.	Petersburg	, Florida	33714	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register	ed agent and agr	ee to act in this capaci	ty. I further agi	ree 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
<u>D</u>	Reggie R. Decotret	4399 35th Street N. St. Petersburg, FL 33714	Add Remove
MGR	Tonya Fuentes	4399 35th Street N. St. Petersburg, FL 33714	✓ Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amen	iding any other information, enter c	hange(s) here: (Attach additional sheets, if necesso	<i>rry.)</i>
-			2011 JUL 25
— Dated	July 21	2011 ATA	RY OF STATE
	-	ember or authorized representative of a member Tonya Fuentes yped or printed name of signee	P
	I	Page 2 of 2	

Filing Fee: \$25.00