

L11000064404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

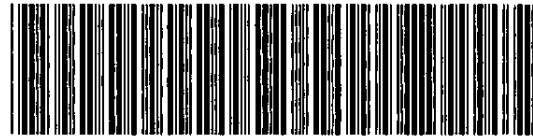
Special Instructions to Filing Officer:

A. LUNT

OCT 23 2012

EXAMINER

Office Use Only



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10/22/12--01050--007 **25.00

3000
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

2012 OCT 22 PM 2:48

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4802 IB3 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:

JULIANNA CASTRO
Name of Person
4802 IB3 LLC
Firm/Company
1450 BRICKELL AVENUE, STE 1400
Address
MIAMI, FLORIDA 33131
City/State and Zip Code
JULICABE@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL 32301
OCT 22 2012

2012 OCT 22 PM 2:43

FILED

For further information concerning this matter, please call:

JULIANNA CASTRO at (786) 220-0330
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**

4802 IB3 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/02/2011 and assigned
Florida document number L11000064404.

This amendment is submitted to amend the following:

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

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)

1450 BRICKELL AVENUE

STE 1400

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1450 BRICKELL AVENUE

STE 1400

MIAMI, FLORIDA 33131

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:

JULIANNA CASTRO

New Registered Office Address:

1450 BRICKELL AVENUE, STE 1400

Enter Florida street address

MIAMI

City

, Florida

33131

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

Title	Name	Address	Type of Action
MGR	GUSTAVO GAMBINO	785 CRANDON BLVD. #201 KEY BISCAYNE FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JULIANNA CASTRO	1450 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131	<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
			<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 OCTOBER 15, 2012

Signature of a member or authorized representative of a member

GUSTAVO GAMBINO

Typed or printed name of signer