## #///000073379

. (R	equestor's Name)	
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(C	ty/State/Zip/Phone #	<i>f</i> )
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## **COVER LETTER**

TO:

Registration Section Division of Corporations,

SUBJECT:

4250 Surfside Circle, 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:

Lisa Shults

Name of Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Ste. H

Address

Minden, NV 89423

City/State and Zip Code

Ishults@corporatedirect.com

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

For further information concerning this matter, please call:

Lisa Shults

,<sub>,</sub>775<sub>\</sub>284-7167

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

•-		FIL	EL	)
.32 .32	JUN	11	_	
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<u>.</u> ,	•	WUC,	FL(	PRIDA

4250 Surfside Circle, 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 L Florida document number <u>L11000073379</u>	iability Company	were filed on 06-23-2011	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
		NI/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			iter the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
		, Florid	la	
		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 **Type of Action Title** Address **Name** 320 Atlantic Ave. Mgr **Donald Caracciola** Massapequa Park, NY 11762 Mgr 60 East Simpson Ave. #2869 FL Real Estate 1234, LLC Jackson, WY 83001 Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	)
	<del></del>
Dated May 24 2013	
( mall Cavacis h	
Signature of a member or authorized representative of a member	
Donald Caracciola, Member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00