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(FAX) 813 877 9290

P.001/004

Division of Corporations

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**L1000116114**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GIBBONS, COHN, NEUMAN, BELLO & SEGALL & ALLEN, P.A.  
Account Number : I20000000178  
Phone : (813) 877-9222  
Fax Number : (813) 877-9290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: plamb@gibblaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALBANY STREET PROPERTY, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

RECEIVED  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALBANY STREET PROPERTY, 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:

Gary A. Gibbons

Name of Person

Gibbons, Neuman, Bello, Segal, Allen & Halloran, P.A.

Firm/Company

3321 Henderson Blvd.

Address

Tampa, FL

City/State and Zip Code

ggibbons@gibblaw.com

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

For further information concerning this matter, please call:

Gary A. Gibbons

Name of Person

at ( 813 )

877-9222

Area Code & Daytime Telephonic Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
**11 NOV 21 AM 8:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ALBANY STREET PROPERTY, 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 October 11, 2011 and assigned Florida document number L11000116114.

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)*

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*

City

Florida

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

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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

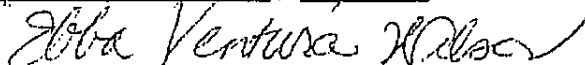
Title	Name	Address	Type of Action
MGR	EBBA WILSON	313 E. Ross Avenue Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SHEDRICK WILSON	4601 Shad Street Tampa, FL 33617	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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

18 November, 2011



Signature of a member or authorized representative of a member

EBBA WILSON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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