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J. Shivers MOV 0 5 2013;

COVER LETTER

TO: Registration Section
Division of Corporations

1470 S TREASURE ISLAND, 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:

MARK J LABATE, ESQ

Name of Person

MARK J LABATE, PA

Firm/Company

2748 E COMMERCIAL BLVD

Address

FT LAUDERDALE, FL 33308

City/State and Zip Code

markjlabate@gmail.com

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

For further information concerning this matter, please call:

MARK J LABATE

,954<u>,</u>545-3605

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

1470 S TREASURE ISLAND, 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	iability Company w	vere filed on 10/26/2	2011	and assigned
Florida document number <u>L11000121997</u>	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
n/a				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	d Liability Company,"	the designation "LLC	or the abbreviation
Enter new principal offices address, if applic	cable:	n/a		
(Principal office address MUST BE A STREE	ET ADDRESS)	_	***************************************	
Enter new mailing address, if applicable:		n/a	G _á .	
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of		ce address on our r	records, enter the	name, of the ne
Name of New Registered Agent:	MARK J LAE	BATE, ESQ		1 3 TO 1
New Registered Office Address:	egistered Office Address: 2748 E COMMERCIAL BLVD			
		Enter F	lorida street address	1
	FT LAUDER	DALE	, Florida <u>3330</u>	8
		City	Z	Zip Code
New Registered Agent's Signature, if changing I	Registered Agents			

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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** Remove Remove 13 MOV Remove Remove Remove

limited liability company
ive of a member
-

Filing Fee: \$25.00

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