

L11000129898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1404 S.E. 2nd Court, 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:

Nicole Cauz

Name of Person

Olive & Associates, P.A.

Firm/Company

2438 E. Las Olas Boulevard

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

nicole@olive-law.com

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

For further information concerning this matter, please call:

Nicole Cauz

Name of Person

at ( 954 )

334-2250

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -3 PM 12:23

1404 SE 2nd Court, 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 November 15, 2011 and assigned Florida document number L11000129898.

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)**

2438 E. Las Olas Boulevard

Fort Lauderdale, Florida 33301

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2438 E. Las Olas Boulevard

Fort Lauderdale, Florida 33301

**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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CAPITAL VENTURES, L.C.	8133 LEESBURG PIKE, SUITE 340 VIENNA, VIRGINIA 22182	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BENJAMIN E. OLIVE	2438 E. Las Olas Boulevard Fort Lauderdale, Florida 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROBERT S. HACKLEMAN	2438 E. Las Olas Boulevard Fort Lauderdale, Florida 33301	<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

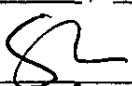
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 OCT -3 PM 12:23

Dated September 21, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Steven Parnell, as authorized representative of Capital Ventures, L.C.

\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00