L11000135932

(F	Requestor's Name)	
(A	Address)	
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(0	City/State/Zip/Phone #)	
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(L	Oocument Number)	
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SEP 2 9 2014 S. YOUNG



Division of Corporations

September 10, 2014

KAREN CHRISTIANSEN 25 FOREST HILL LANE BOCA RATON, FL 33431

SUBJECT: 4100 FEDERAL HWY, LLC

Ref. Number: L11000135932

We have received your document for 4100 FEDERAL HWY, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 014A00019397

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COVER LETTER

Registration Section Division of Corporations	
4100 FEDERAL Hay, LLC	
Name of Limited Liability Company	
closed Articles of Amendment and fee(s) are submitted for filing.	
return all correspondence concerning this matter to the following:	
KAREN L. CHRISTENSEN	
ACCOUNTING SOLUTIONS OF BOXA, INC	
25 FOREST HILLS LANGE	
BOCARATON FZ 33431	•
City/State and Zip Code HAPPY K. O. BEUSOUTK. NOT It-mail: address: (to be used for future annual report notification)	
ther information concerning this motter, please call:	
AREN L CHRISTENSEN at (S61) 659 1441 Name of Person Area Code Daytime Telephone Number	_
ed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Status &
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	SECRET
nt i	Accounting of Person Accounting Source and

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4100	FEDERAL HIGH	oury ue
	ity Company as it now appears on a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on <u>h</u>	UZ JOII and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		FIGURE TO A FIGURE
(Mailing address MAY BE A POST OFFICE BOX)		8 2 5
B. If amending the registered agent and/or regi- registered agent and/or the new registered office add		records, enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	year addrass
	Since Provide \$1	
	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 605, 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

_____ Remove

	he Managers or Authorized Member on ember being added or removed from ou	our records, <u>enter the title, name, and address</u> ar records:	of each Manager or
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name .	Address	Type of Action
MBR	CAVALIERI, FRANCO	Address 2205 Otami TRAIL MISSISSANGA, ON LSH-3	Add Remove
MMBE	JOIAMIA, INC	ALOUN PEDERAL Highwai Ft. LAUSERDALE FL 33	A Add
			Add
			Add Add SERVET/LILED Add Add A 3. FILED Add A 3. ADD Remove FILED ORDINATED ORDINATED
			□ Add

	h additional sheets, if necessary.)
Effective date, if other than the date of filing:	(optional)
The effective date must be specifié, cannot be prior to date of receipt or filed date at	to camot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date as the date this document is filed by the Florida Department of State) Dated	od cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00 **\$200**

30,00

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