

L12000034148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

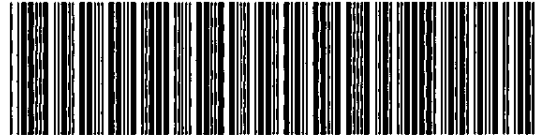
(Business Entity Name)

(Document Number)

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FILED
2012 APR 23 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 24 2012

EXAMINER

BLOOM & FREELING

ATTORNEYS AT LAW

2295 NW CORPORATE BOULEVARD • SUITE 117
BOCA RATON, FLORIDA 33431
TEL: 561-864-0000 • FAX: 561-864-0001
E-MAIL: BFLAW@BLOOM-FREELING.COM

JONATHAN BLOOM**
MICHAEL A. FREELING**

ALSO ADMITTED IN
*NEW YORK
*CONNECTICUT
+WASHINGTON D.C.

April 20, 2012

VIA FEDERAL EXPRESS

Department of State
Division of Corporations – Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2012 APR 23 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Limited Liability Company Articles of Amendment Filing
ARPACILAR PROPERTIES IV, LLC

Dear Sir or Madam:

Enclosed please find the following documentation in accord with the above referenced Articles of Amendment to Articles of Organization Filing:

1. Articles of Amendment;
2. Attorney Check No. 2350 made payable to the Department of State for the Amendment filing fee of \$25.00; and
3. Self addressed, stamped return envelope for return time-stamped copy of filed Amendment.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,


Michael A. Freeling

MAF/sr
Enc.
cc: Heidi Arpacilar

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARPAICLAR PROPERTIES IV, 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:

Michael A. Freeling, Esq.

Name of Person

Bloom & Freeling, Attorneys at Law

Firm/Company

2295 N.W. Corporate Boulevard, Suite 117

Address

Boca Raton, Florida 33431

City/State and Zip Code

heidi@marmiro.com

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

For further information concerning this matter, please call:

Michael A. Freeling

Name of Person

at (**561**)

864-0000

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

FILED
2012 APR 23 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARPACILAR PROPERTIES IV, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 7, 2012 and assigned
Florida document number L12000034148

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

_____, 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

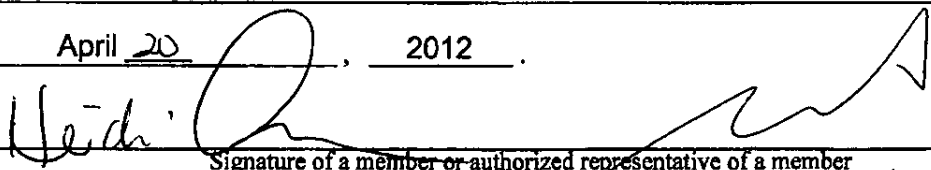
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Heidi Michelle Arpacilar MD Revocable Trust dated March 5, 2007, Heidi Michelle Arpacilar and Mahmut Arpacilar, Co-Trustees	435 North Andrews Avenue, Ste. 2 Fort Lauderdale, Florida 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Mahmut Arpacilar Revocable Trust dated March 5, 2007 and Heidi Michelle
Arpacilar ^{Revocable} Trust dated March 5, 2007 are to both be members of Arpacilar
Properties IV, LLC.

Dated April 20, 2012.



Signature of a member or authorized representative of a member

Heidi Michelle Arpacilar, ^{CO-}Trustee of the Heidi Michelle Arpacilar ^{Revocable} Trust 3/5/07

MAHMUT ARPACILAR, CO-TRUSTEE OF THE Heidi Michelle Arpacilar Revocable Trust 3/5/07