

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : FRANK, WEINBERG, BLACK, P.L.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
7248 MARSH TERRACE, LLC

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Corporate Filing Menu

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J. BRYAN

MAY 21 2012

EXAMINER

Law Offices
FRANK, WEINBERG & BLACK, P.L.
7805 SW 6th Court
Plantation, Florida 33324
Telephone (954) 474-8000
Facsimile (954) 474-9850

FACSIMILE COVER SHEET

To: <1-850-617-6383>

From: Kathy Moro

Date/Time: 5/18/2012 8:40:55 AM

Fax #: 1-850-617-6383

Subject: Div of Corp - Cap Rate Mafia, L.L.C.

File Number:

Note: Please file the attached Amendment to change the llc name to Cap Rate Partners, L.L.C.

Thank you

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YOU SHOULD RECEIVE 4 PAGES INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES AS INDICATED ABOVE, PLEASE CONTACT Kathy Moro AT (954) 475-8050, EXTENSION , IMMEDIATELY. THANK YOU

PLEASE NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS ATTORNEY-PRIVILEGED AND CONFIDENTIAL, AND IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED BY LAW. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY OUR OFFICE IMMEDIATELY, AND RETURN THE ORIGINAL FACSIMILE TO OUR ADDRESS LISTED ABOVE BY UNITED STATES MAIL. THANK YOU

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

7248 MARSH TERRACE, 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 April 23, 2012 and assigned
Florida document number L12000054312

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

7348 MARSH TERRACE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"LLC."

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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ALABAMA
STATE OF ALABAMA

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

Dated _____

X [Signature] [Name]
Signature of a member or authorized representative of a member
David N. Stern, Registered Agent
Typed or printed name of signor

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