## L12000070078

(Re	questor's Name)	
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12 JUN 27 PH 3: 43
SERRELARY OF STATE

N. Guilligian JUN 2 9 2012

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	64TH MANA	TEE AVENUE LLC	
50 B0 BC 1.		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		STACY FRANK	
		Name of Person	
	64TH	MANATEE AVENUE LLC	
		Firm/Company	
	3841 W.	KENNEDY BLVD., SUITE 3	}
		Address	
	TA	MPA, FLORIDA 33609	
		City/State and Zip Code	
	SFRA E-mail address: (t	ANK@FLTOWERS.COM to be used for future annual report notifice	ation)
For further information of	concerning this matter, please c	ali:	
	ates or Stacy Frank		59-1196
Name o	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for t	he following amount:	·	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

12 JUN 27 PH 3: 48

64TH MANATEE AVENUE LLC

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

(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	5-24-12	and assigned
Florida document numberL12000070078	· 		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the v'L.L.C."	vords "Limited Liability Compa	ny," the designation '	LLC" or the abbrevia
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
			•
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg	•	our records, <u>enter</u>	the name of the
egistered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:	,		
New Registered Office Address:			
	En	ter Florida street aa	dress
·		, 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

. . . . 5

MGR = Manager

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

MGRM = Managing Member **Title** Type of Action Name Address STACY FRANK, INC MGRM 3841 W. KENNEDY BLVD., SUITE 3 ☐ Add **TAMPA FL 33609** √ Remove STACY FRANK MGRM 3841 W. KENNEDY BLVD. ✓ Add Remove SUITE 3 **TAMPA, FL 33609** □ Add Remove ∏Add ☐ Remove ∏Add ☐Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ယ္ June Signature of a member or authorized representative of a member STACY FRANK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00