## 11200007222

(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	

Office Use Only



400238774484

08/27/12--01032--004 \*\*30.00

T. CLINE

AUG 2 8 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		·	
SUBJECT:		5453T LL C	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u> </u>	Margareta Probst	
		Name of Person	
		5453T LLC	
		Firm/Company	
	2841	North Ocean Blvd. #2008	
	Fort	Lauderdale Florida 33308	
	<del>12 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>	City/State and Zip Code	
		cksouthsky@aol.com to be used for future annual report notifica	tion
For further information	concerning this matter, please	•	
	ohn fitzgerald	at (	492601
Name	of Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check for	the following amount:		#2 2 F
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copysis (additional copysis enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Bóx 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**

(Name of the Limited Lia (A Flo	5453T LLC	ow appears o	n our records.)		-	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were fil		05/30/2012	and	assigne	d
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability con	npany here:				
The new name must be distinguishable and end with th 'L.L.C."  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A)  Enter new mailing address, if applicable:	e:					
Mailing address MAY BE A POST OFFICE BO.	<u></u>		*			
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		iress on our	records, enter	the nam	e of th	e new
New Registered Office Address:		Enter	Florida street ad	ு எ	<b>X</b>	parters.
_			, Florida _		 	
New Registered Agent's Signature, if changing Regi	City stered Agent:			~Zip C	ode	

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 **Title Type of Action** <u>Name</u> <u>Address</u> Margareta Probst mgrm 2841 North Ocean Blvd.#2008 ☐ Add Remove Fort lauderdale FL 33308 John Fitzgerald mgrm 2841 North Ocean Blvd. #1502 **✓** Add Fort Lauderdale FL 33308 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove Remoye **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  $\frac{1}{2}$ Dated 08-23-2012 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00