#_112000085996

(Requestor's	s Name)
(Address)	
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(City/State/2	Zip/Phone #)
PICK-UP	VAIT MAIL
(Business E	intity Name)
(Document	Number)
Certified Copies C	ertificates of Status
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2 OCT 26 PH 1: 12 ELIKETARY OF STATE ILLAHASSEE, FLORIDA

K. SALY EXAMINER OCT 2 9 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ellis Depot Warehouse 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:
Jim Ellis Name of Person
Ellis Diversified, Inc.
3020 Ne 32nd Avenue, #110
Fort Lauderdale, Fl 33308 City/State and Zip Code Sroy Dedi, CC E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Roy at (954) 563-0550 ext. 207 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FI	LED"
12 OCT 26	Du .
TALLAHASSE	OF STATE
	E, FLORIDA

Ellis Depot Warehou (Name of the Limited Liability Compa (A Florida Limited L	se LLC	TALLAHASSEE, FLORID,
(A Florida Limited L	iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document numberL12000085996	were filed on 629	2617 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FRISCO 163 LLC The new name must be distinguishable and end with the words "Limit		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	nla	
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da 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 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>:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 			AddRemove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	·.)
- -		·	_
——————————————————————————————————————	October 23, 20	<u>)</u>	_
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Page 2 of 2

Filing Fee: \$25.00