

#L12000087284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900238190569

08/10/12--01014--032 **25.00

FILED
12 AUG 10 PM 4:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 13 2012

GreenspoonMarder

ATTORNEYS AT LAW

888.491.1120
www.gmlaw.com

From the desk of: Amy Xanders
Legal Assistant to David R. Lenox, Esq.
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801-2718
Phone: 407.425.6559
Fax: 407.422.6583
Email: amy.xanders@gmlaw.com

August 9, 2012

VIA FEDERAL EXPRESS

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

Re: Brandolka159, LLC

Dear Sir/Madam:

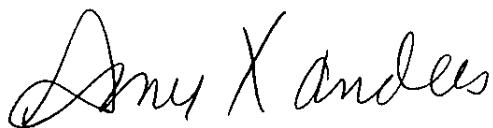
Enclosed please find the following items in connection with the above referenced entity:

1. Cover letter;
2. Articles of Amendment to Articles of Organization; and
3. Firm's check #80346 in the amount of \$25 for the filing fee

Please file the enclosed and feel free to let me know if you have any questions.

Very truly yours,

GREENSPOON MARDER, P.A.



Amy Xanders
Legal Assistant to David R. Lenox

Enclosure(s)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRANDOLKA159, 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:

DAVID R. LENOX

Name of Person

GREENSPOON MARDER, PA

Firm/Company

201 E. PINE STREET, SUITE 500

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

DAVID.LENOX@GMLAW.COM

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

For further information concerning this matter, please call:

DAVID R. LENOX

Name of Person

at (407)

425-6559

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRANDOLKA159, LLC

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

FILED
12 AUG 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 3, 2012 and assigned
Florida document number L12000087284.

This amendment is submitted to amend the following:

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

BRANDOLKA159, LLC

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:

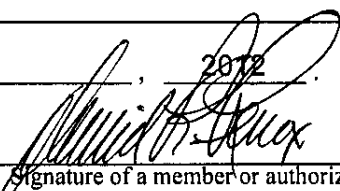
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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

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

Dated AUGUST 9, 2012


Signature of a member or authorized representative of a member

DAVID R. LENOX, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee