

# L/2000099121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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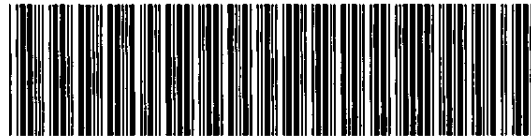
(Business Entity Name)

(Document Number)

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12 NOV -6 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV -7 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 43RD STREET 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:

ROSEMARY LINDSEY

Name of Person

ROSEMARY LINDSEY LLC

Firm/Company

6278 NORTH FEDERAL HIGHWAY, #305

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

JORCHIDS@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ROSEMARY LINDSEY

Name of Person

at (954) 771-5906

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**

FILED  
12 NOV -6 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

43RD STREET 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 08/01/2012 and assigned  
Florida document number L12000099121.

This amendment is submitted to amend the following:

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

4700 BUILDING 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:

2031 NE 59 STREET

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

2031 NE 59 STREET

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33308

**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

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>
MGRM	JANE W DePADRO	2031 NE 59 STREET FORT LAUDERDALE, FL 33308 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	ROBERT E DePADRO TRUST B DATED 11/04/2001	2031 NE 59 STREET FORT LAUDERDALE, FL 33308 US	<input checked="" 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 NOVEMBER 5, 2012

Jane W. DePadro TRUSTEE  
Signature of a member or authorized representative of a member  
ROBERT E DePADRO TRUST B DATED 11/04/2001, JANE W DePADRO, TRUSTEE  
Typed or printed name of signee