## 112000099414

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL.		
(Вс	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



600241517756

11/06/12--01014--022 \*\*25.00

SECRETARY OF STATE

B. BOSTICK

NOV - 8 2012

## **COVER LETTER**

Division of Cor						
SUBJECT: 4800 BUIL	DING LLC					
	Name of Limi	ted Liability Company				
•	Amendment and fee(s) are sub	_				
-	ROSEMARY LINDSEY					
		Name of Person				
	ROSEMARY LINDSEY L	LC				
		Firm/Company				
	6278 NORTH FEDERAL	HIGHWAY, #305				
		Address		•		
	FORT LAUDERDALE, FL	_ 33308				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		F.0	Y	
	JORCHIDS@BELLSOUT	H.NET		33	2	
		o be used for future annual report notificati	on)	AR.	2	77
For further information co	oncerning this matter, please c	all:		TART ASSEL	2 NOV -6	FILED
ROSEMARY LINDSEY		at (954. )771-5906		<u>교육</u>	<b>*</b>	
Name o	l'Person	Area Code & Daytime Te	lephone Number	IAIÉ ORIDA	MII:47	
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stat		osed)

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

4800 BUILDING LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	!
The Articles of Organization for this Limited Liability Company	were filed on <u>08/02/2012</u>	and assigned
Florida document number L12000099414		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
1090 BUILDING LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	2031 NE 59 STREET	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33308	F8 2
		SSE S
Enter new mailing address, if applicable:	2031 NE 59 STREET	
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33308	© ₹ <b>± 0</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	The state of the s	er the name of the ne
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:

Ū

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

المقاد المعطة

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	JANE W DePADRO	2031 NE 59 STREET	Add
		FORT LAUDERDALE, FL 33308 US	■ Remove
MGRM_	ROBERT E DePADRO TRUST B DATED 11/04/2001	2031 NE 59 STREET FORT LAUDERDALE, FL 33308 US	Ď Add □ Remove
			Add Remove
			[] Add [] Remove
			Add
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	<del>D</del> .
- -			TILE 12 NOV -6 AM
Dated NO	VEMBER 5	· ·	TE STAFFE
	Signature of a memb	co or authorized representative of a member	
	Тура	d or printed name of signee Page 2 of 2	
		Elling Foot \$25.00	

Filing Fee: \$25.00