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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 406 Audubon, 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:
Andrew Wieczorkowski Name of Person
Name of Person
Andrew Wieczorkowski, P.A. Firm/Company
Firm/Company
2474 Sunset Point Road Address
Clear Hater, FL 33765 City/State and Zip Code
City/State and Zip Code
City/State and Zip Code a w awyer a dvice a om ail, com E-mail address: (to be used for other annual report notification)
For further information concerning this matter, please call:
Andrew Wieczarkowski at (727) 726-1200 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

406 Audubon, 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 $\frac{11/06/2012}{}$ and assigned Florida document number L 12000140418 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City

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

GR = Mai GRM = M	nager ` Aanaging Member		
<u>le</u>	Name	Address	Type of Action
GR	Leopold Osinski	929 S. Dakota Ave	Add
	•	929 S. Dakota Ave Tampa, FL 33606	Remove
R_	Leopold Osinski	929 S. Dakota Ave	Add
lo Li	as Trustee of them eopold Osinski Revocable ivina Trust dated Decemb	929 S. Dakota Ave Tampa, FL 33606 Der 9,	Remove
20	213		Add
			Remov
		·	Add *
			Remov
			Add
			Remov
			Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	,
	•
	•
Dated	December 9, 2013.
	Leopold Oscombe
	Signature of a member or authorized representative of a member
	LEOPOLD OSINSKI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00