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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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COVER LETTER

	Registration Secti Division of Corpo			
SUBJEC	- 408	Audubon,	LLC,	
SUBJEC	T:	· - · · · · · · · · · · · · · · ·	ed Liability Company	<u> </u>
The enclo	osed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspond	ence concerning this matter	to the following:	
		Andrew Wie	czerkowski	
			ieczorkowski, P.A. Firm/Company	
		2474 Sun:	set Point Rd.	
		Clearwater,	FL 33765 City/State and Zip Code e @ gmail. Com o be used foofuture annual report notification	
		1	City/State and Zip Code	
		awlawyeradvic	e & gmail. com	27)
For furth		cerning this matter, please co		ony
And	vew Wie	czorkowski	at (727) 726 - 120 Area Code & Daytime Te	0
	Name of P	erson	Area Code & Daytime Te	lephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 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)
	MAILIN	G ADDRESS:	STREET/COURIER	ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

408 Audubon	1, LLC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	N
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the ne ress 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

	Manager = Managing Member	•	
<u> </u>	<u>Name</u>	Address	Type of Action
MGR	Leopold Osinski	929 5. Dakota Ave	Add
		Tampa, FL 33606	Remove
MGR	Leopold Osinski	929 S. Dakota Ave	X Add
	Leopold Osinski Revocable Living Trust dated December 9, 2013	929 S. Dakota Ave Tampa, FL 33606	Remove
			Add
			Remove
			Add
			Remove
			Add
			Add
			Remove

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	,
_	
	December 9 , 2013.
	Leopold Ormh
	Signature of a member or authorized representative of a member
	LEOPOLD OSINSKI

Page 3 of 3

Filing Fee: \$25.00