lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305) 634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emmil	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIT 4006 AT T PALACE LLC

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11/27/2012 11/27/2012 12:18



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

UNIT 4006 AT T PALACE 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:

Tabitha Bolaños

Name of Person

Cantor & Webb P.A.

Firm/Company

1001 Brickell Bay Drive, Suite 3112

Address

Miami, FL 33131

City/State and Zip Code

tabitha@cantorwebb.com

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

For further information concerning this matter, please call:

Hal J. Webb

ູ 305、374-3886

Name of Person

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 &
Certifled Copy
(additional copy is enclosed)

O\$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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 NOV 27 AH 7: 30

UNIT 4006 AT T PALACE LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	nr records.)
The Articles of Organization for this Limited Liability Comparition document number <u>L12000147412</u>	ny were filed on <u>11/26/2</u>	012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited in	ability company here:	
The new name must be distinguishable and end with the words "L.L.C."	inited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	,	
(Molling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
•	-	Zip Code
New Registered Acent's Signature, if changing Registered Age	<u>art:</u>	
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change,	mplets performance of m as provided for in Chapte	y duties, and I am familiar with and r 608, F.S. Or, if this document is
<u> </u>	hanging Registered Agent, Si	nature of New Registered Agent

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Page 1 of 3

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 Type of Action Address <u>Title</u> Name c/o 1001 Brickell Bay Drive Ariel Kaufman Suite 3112, Miami, FL 33131 Remove

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Remove __

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D. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
Dated November 27	2012
	ure of a member or authorized appresentative of a member.
Signat	ure of a member or authorized representative of a member
Hal J. Webb, Aut	horized Representative
	Typed or printed name of signee

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Filing Fee: \$25.00

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