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December 27, 2013

CORPDIRECT AGENTS

SUBJECT: 3771/3785 AIRPORT ROAD N., LLC

Ref. Number: L13000043434

We have received your document for 3771/3785 AIRPORT ROAD N., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 313A00029151

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)		
FILING COVER : ACCT. #FCA-23	SHEET			
CONTACT:	KATIE WO	NSCH		
DATE:	12/26/2013			
REF. #:	7752782.900	2530		
CORP. NAME:	<u>3771/3785 A</u>	IRPORT ROAD N., LLC		
() ARTICLES OF INCO	ORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES (OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS	NAME
() FOREIGN QUALIFI	CATION	() LIMITED PARTNERSHIP	() LIMITED LIA	ABILITY
() REINSTATEMENT		() MERGER	() WITHDRAW	'AL
() CERTIFICATE OF C	CANCELLATION			
STATE FEES PI	REPAID WI	TH CHECK# <u>70012195</u> FOR \$	<u> 25.00</u>	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:	3
	<u></u>	COST LII	MIT: \$	
PLEASE RETUI	RN:			
() CERTIFIED COP	Y ()C	ERTIFICATE OF GOOD STANDING	(XX)	PLAIN STAMPED COPY
() CERTIFICATE O	F STATUS			

Examiner's Initials

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 3771/3785 Airport Road N., 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:

Christopher A. Roche

Name of Person

Law Offices of Christopher A. Roche

Firm/Company

229 N. Collier Boulevard

Address

Marco Island, FL 34145

City/State and Zip Code

croche@marcocable.com

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

For further information concerning this matter, please call:

Christopher A. Roche

239, 389-0700

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 &
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

3771/3785 Airport Road N., LLC			
(Name of the Limited L.) (A F	ability Company as it now apported a Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liab Florida document number L13000043434	oility Company were filed on _	March 21, 2013	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	<u>here</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Cor	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	22)		
B. If amending the registered agent and/or registered agent and/or the new registered offic		n our records, <u>enter 1</u> 1	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add <mark>r</mark>	ess
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Name	<u>Address</u>	Type of Action
MGR	John Paul Macchia	946 Sundrop Court	Add
		Marco Island, FL 34145	Remove
MGR	John A. Macchia	946 Sundrop Court	Add
		Marco Island, FL 34145	Remove
MGRM	Joseph Angelo Macchia	3808 Wilcox Avenue	Add
		Downers Grove, IL 60515	Remove
MGRM	Gianna Lynn Macchia	3457 S. Whitnall Avenue	Add
		Milwaukee, WI 53207	Remove
MGR	M Holdings LLC	229 N. Collier Blvd.	Add
		Marco Island, FL 34145	Remove
			Add
			Remove

D. If	amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
		, , , , , , , , , , , , , , , , , , ,
Dated	December 30	, 2013
	•	Sola Ulmbi
		Signature of a member or authorized representative of a member
		John Paul Macchia
		Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00

FL055 - 05/16/2013 Walters Kluwer Online