## 13000048673

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2013 JUL 25 PM 2: 31
SECRETARY OF STATE

JUL 26 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Division of Corporations

**SUBJECT** 

4712 TRUST 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:

PEDRO SOLTURA

Name of Person

PEDMAR PROPERTIES LLC

Firm/Company

1109 WISTERIA LANE

Address

NAPLES FL 34105

City/State and Zip Code

REODOCKET@GMAIL.COM

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

For further information concerning this matter, please call:

LAZARO DINH

786 2701973

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

4712 TRUST LLC		
( <u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our recording Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	ility Company were filed on 04/03/2013	and assigned
Florida document number L13000048673	<u> </u>	7.0 2
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	_	and assigned  FILED  SECRETARY OF STANKING
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the design	nation "LLC" or the above viation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida st	reet address
	. Flo	orida
	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

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	Address	Type of Action
MGR	PRIVCAP WBC HOLDINGS LLC	7200 W CAMINO REAL STE 214	Add
		BOCA RATON FL 33433	Remove
MGR	PRIVCAP HOLDINGS WBC LLC	7200 W CAMINO REAL STE 214	Add
		BOCA RATON FL 33433	Remove
		TALLA	- Addin
		ASS ST	Reinove PH 2:
		CRID A	2: 3 Add
			Remove
			Add
			Remove
			Add
			Remove

•	Cher information, enter change(s) here: (Attach additional sheets, if necessary.)  ANGING TYPO CREATED AT INCORPORATION.
<del></del>	
7/2/	2013
7/24	2019
A M	I de Vila
	Signature of a member or authorized representative of a member
REDR	O SOLTURA  Typed or printed name of signee
	Page 3 of 3

rage 5 of 5

Filing Fee: \$25.00

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