#13000057823

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



900252275229

10/07/13--01026--005 **25.00

SECRETARY OF STATE

JALLAHASSEE, FLORIDA

K.SALY EXAMINER OCT -8 2013

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1422 MAP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Oscar Gonzalez de Llano, Esq. Name of Person
Craig D. Blume, P.A.
800 Harbour Drive
Maples, FL 34103
naples law office @ amail. com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oscar Gonzalez de Llano at (239) 417-4848 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)

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

13 OFT.	ILED
PALLAN SAR	7 PM 4: 15
TALLAHASSE rds.)	E, FLORIDA

(<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)	-UNIDA
The Articles of Organization for this Limited Liability Company were filed on 4/19/2013 Florida document number 1300057823.	_ and assigned
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."	C" or the abbreviation
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 registered agent and/or the new registered office address here:	name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street addre	222
Line I wild Sheet dad e	55

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member

Type of Action **Title Address** <u>Name</u> 800 Harbour Drive MGR PLC Management LLC 800 Harbour Drive Donald Foiani MGR Remove Remove Remove Remove

<i>ب</i>

Page 3 of 3

Filing Fee: \$25.00