000097467 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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 amnual report mailings. Enter only one email address please. **

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SLLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4800 LEJEUNE LLC

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10/28/2013

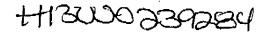
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EMPIRE CORP

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COVER LETTER



TO:

Registration Section Division of Corporations

4800 LEJEUNE 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:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo

at (305) 448-5898
Area Code & Daytima Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filling Fcc & Cartified Copy (additional copy is enclosed) S60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tellahastee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taltaliassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| | mpany were filed on 10-20 | 3-13 and assigned | |
|---|--|---|-------|
| Florida document number L13000097467 | • | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | |
| 4800 LEJEUNE LLC | | | |
| The new macue must be distinguishable and end with the word "L.L.C." | s "Limited Liability Company, | " the designation "LLC" or the abbreviation | n |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRI | ESSI | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | , | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | | | - |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| Name of New Registered Agent: New Registered Office Address: | Fire | Eladida assas addama | |
| • | Enter | Florida street address | |
| • | | Florida | |
| New Registered Office Address: | City | | |
| • | City | Florida | |
| New Registered Office Address: | City Agent: and agree to act in this cape d complete performance of tent as provided for in Chap d office address, I hereby c | Zip Code Zip Code zcity. I further agree to comply with my duties, and I am familiar with another 608, F.S. Or, if the decument is confirm that the limited Machine C | , == |
| New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered | City Agent: and agree to act in this cape d complete performance of tent as provided for in Chap d office address, I hereby c | Florida Zip Code Zip Code acity. I further agree to comply with my duttes, and I am familiar with an other 608, F.S. Or, if the discument is confirm that the limited Habitity O | FIL |
| New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | City Agent: and agree to act in this cape d complete performance of tent as provided for in Chap d office address, I hereby c | Zip Code Zip Code zcity. I further agree to comply with my duttes, and I am familiar with anter 608, F.S. Or, if the document is confirm that the limited Habitity Of Signature of New Registers Assat & | FILED |
| New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | City Agent: and agree to act in this capi d complete performance of tent as provided for in Chai d office address, I hereby c If Changing Registered Agent, | Zip Code Zip Code Zip Code acity. I further agree to comply with my duttes, and I am familiar with anter 608, F.S. Or, if the descument is confirm that the limited Matthe Complete of New Registers Assault | FIL |

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 = Ma MGRM = N | CR ≈ Manager GRM = Managing Momber | | | | |
|----------------------|---------------------------------------|--------------------------|--|--|--|
| Title | Name | | Type of Action | | |
| MGRM | Jacque Huttoe | 3109 Ponce De Leon Blvd. | Add | | |
| | | Coral Gables, FL 33134 | Remove | | |
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| | | | FORETA FORETA | | |
| | Page | 2 of 3 | FILED ZÓIJÖCT 28 AM 8: 22 SECRETARY OF STATE TAHASSEE, FLORIDA | | |
| ı | | | RIO, | | |

| emending any other information, | enter change(s) here: (Attach additional sheets, if necessar) |
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| | |
| d October 28 | 2013 |
| sill. | |
| Signature | of a member or authorized representative of a member |
| Charles Huttoe | |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00