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T. HAMPTON

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT;	Palmetto 47 Name of Limi	AVE LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Enr	ique Reyes	
	_		
	Palr	netto 47 AVE LLC Firm/Company	<del> </del>
	15:	500 New Barn Rd., #10	4
		Address	<del></del>
	Mia	ami Lakes, FL 33014	
		City/State and Zip Code	
		rique@epic-contractor o be used for future annual report notificati	
For firsther information con	·	•	on)
ror further mormation cor	cerning this matter, please ca	411:	
	rdes Reyes	at ( <u>305</u> ) 823-2469	<del></del>
Name of F	Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for the	following amount:		
<b>X</b> k\$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

	TTO 4/ AVE LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000102643</u> .	were filed on <u>7/19/2013</u>	and Secretary
This amendment is submitted to amend the following:		IZ PA
A. If amending name, enter the new name of the limited liab	ility company here:	See See
FORTY THREE THIRTY TWO LLC The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	on "LEC" or the abbreviation
Enter new principal offices address, if applicable:	14230 Cypress Court	
(Principal office address MUST BE A STREET ADDRESS)	<u>Miami Lakes, FL 33</u>	014
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
	. Florid	9
	City, Tioric	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
		-	Add	
			Remove	
			Add	
			Remove	
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amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	11-7 , 2013 .
	Peyer
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

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