# 13000148155

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

OCT 2 8 2013 T. HAMPTON

#### COVER LETTER

TO:

Registration Section Division of Corporations

Flotilla Whitezell, 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:

## Odelia Goldberg

Name of Person

## The Law Offices of Odelia Goldberg

Firm/Company

### 625 Northeast Third Avenue

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

#### Odelia@OGoldbergLaw.com

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

For further information concerning this matter, please call:

## Odelia Goldberg

<sub>at</sub> (954) 832-0880

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

Flotilla Whitezell, LLC		
(Name of the Limited I	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L13000148155		13 LLAHASS
This amendment is submitted to amend the follow	wing:	PH 2:5
A. If amending name, enter the new name of	the limited liability company here:	TATE ORIDA
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	AAAAAAA
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E		
B. If amending the registered agent and/o registered agent and/or the new registered off		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Futor Flor	ida street address
	Enter Plor	iaa sii eet aaaress
	City	, Florida
	City	ZIP COUC

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  1520 SE 15th Stroot #5			
MGRM	Whitezell, Grace	1520 SE 15th Street #5			
		Ft. Lauderdale, FL 33316 Remove			
MGRM	Schrami, Carol	1520 SE 15th Street #5			
		Ft. Lauderdale, FL 33316 Remove			
		4500 OF 4511 OL 1115			
MGMR	Grace Whitezell, Trustee	1520 SE 15th Street #5 ✓ Add			
		Ft. Lauderdale, FL 33316 Remove			
		Add			
		Remove			
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		Remove ALLAH			
		FIL3 013 OCT 25 SECRETARY ALLAHASSEI			
		FE STATE Remove			

If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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October 22	2013	
leu	Delitin LAM	
	fature of a member or authorized representance of a member	······································
Odelia Goldberg	Yyped or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 25 PM 2:5