

43000161751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

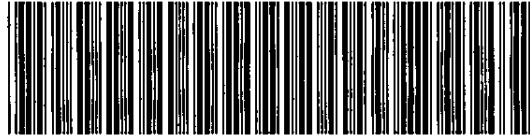
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stephens JAN 09 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4401M1512, 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:

**Danica Blazanovic**  
Name of Person  
**Biz Realty, LLC**  
Firm/Company  
**2881 East Oakland Park Blvd. Suite#112**  
Address  
**Fort Lauderdale, FL 33306**  
City/State and Zip Code  
**BizRealty@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Danica Blazanovic** at **561** **809-9833**  
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**

4401M1512, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/18/2013 and assigned Florida document number L13000161751.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2881 E. OAKLAND PARK BLVD. SUITE 112

**(Principal office address MUST BE A STREET ADDRESS)**

FORT LAUDERDALE, FL 33306

**Enter new mailing address, if applicable:**

2881 E. OAKLAND PARK BLVD. SUITE 112

**(Mailing address MAY BE A POST OFFICE BOX)**

FORT LAUDERDALE, FL 33306

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

2881 E. OAKLAND PARK BLVD. SUITE 112

Enter Florida street address

FORT LAUDERDALE

Florida

City

33306

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 605, 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**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEKSANDAR POPOVIC	2881 E. OAKLAND PARK BLVD SUITE 112	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
AMBR	JELENA KACAR	2881 E. OAKLAND PARK BLVD. SUITE 112	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MIRA POPOVIC (MGRM)

EAST OAKLAND PARK BLVD. SUITE 112

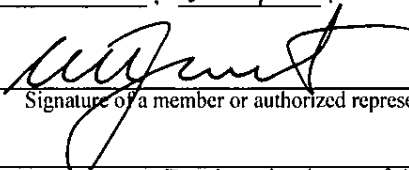
FORT LAUDERDALE, FL 33306

NEW ADDRESS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12-01-2014 2014



Signature of a member or authorized representative of a member

MIRA POPOVIC

Typed or printed name of signee

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Filing Fee: \$25.00

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