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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUL - 2 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1332 Pompano 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:

Joseph P. Mullen

Name of Person

Mullen & Bizzarro, P.A.

Firm/Company

2929 E. Commercial Blvd, PH-C

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

jpmullen@mullenbizzarro.com

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

For further information concerning this matter, please call:

Maria Castro

Name of Person

954 772-9100

at ()
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

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TALLAHASSEE, FLORIDA

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

Page 1 of 3

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	Kenneth Fisher	3025 North Atlantic Blvd	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Remove

MGRM	Shortstream Exchange Co, a California LLC	909 East Green Street	<input type="checkbox"/> Add
		Pasadena, CA 91106	<input checked="" type="checkbox"/> Remove

☐ Add

☐ Remove

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☐ Add

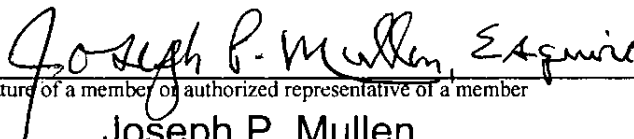
☐ Remove

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

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 June 27, 2014



Signature of a member or authorized representative of a member

Joseph P. Mullen

Typed or printed name of signee