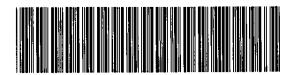
# L1400005888

(Req	uestor's Name)	
(Addı	ress)	**************************************
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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B. BOSTICK
MAY 2 2 2014
EXAMINER

# **COVER LETTER**

TO: Registration Section :
Division of Corporations

SUBJECT:

THRIFT CITY MARGATE, 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:

	Debi Gheorge	e-Alten, Esc	٦.	
		Name of Person		•
		F:/C		-
		Firm/Company		
	PO Box 7711	05		
		Address		•
	Coral Springs	s, FL 33077	-1105	in ea
		City/State and Zip Code		
	daltenlaw@att.net			
	E-mail address: (to	be used for future annual re	port notification)	in the same
For further information cond	perning this matter, please call	:		TO TO
Debi Gheorg	e-Alten, Esq.	<sub>at</sub> 954, 57	75-9229	
Name of Pe	erson	Area Code	Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &

### 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

THRIFT CITY MARGATE, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL14000015888	were filed on 01/29/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1299 B STATE ROAD 7 <sup>a</sup>
(Principal office address MUST BE A STREET ADDRESS)	LAUDERHILL, FL 33313
Enter new mailing address, if applicable:	1299 B STATE ROAD 7
(Mailing address MAY BE A POST OFFICE BOX)	LAUDERHILL, FL 33313
	ं रं
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

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

Title  MGR/AMBR	Name 4 BOYS HOLDINGS LLC	Address  1299 B STATE ROAD 7  ■ Add  LAUDERHILL, FL 33313  □ Remove
AMBR	TRUCE HOLDINGS, LLC	1299 B STATE ROAD 7  LAUDERHILL, FL 33313  Remove
MGR	BIN BOY MANAGEMENT, LLC	20243 STATE ROAD 7, F6-473  Boca Raton, FL 33498  Remove
MGR	SABAL LAKE REALTY, INC.	19727 OAKBROOK CIRCLE Add Boca Raton, FL 33432
		☐ Add
		Remove

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
-	
-	
-	
_	
(The effe	tive date, if other than the date of filing:
	April 1, 2014
Dated	Au M
	Signatury of a number of authorized representative of a member
	JAY KATARI 🗸 🧪
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2014

DEBI GHEORGE-ATEN, ESQ. POST OFFICE BOX 771105 CORAL SPRINGS, FL 33077-1105

SUBJECT: THRIFT CITY MARGATE, LLC

Ref. Number: L14000015888

We have received your document for THRIFT CITY MARGATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00008485