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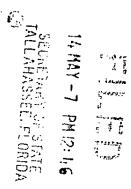
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J. Shivers MAY 1 3 2014

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: 4415 South 12th Street - Unit 21002, 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:
Philip K. Clarke, for Acadeira, LU
Firm/Company
1505 N. Floridae Aue.
Tumpa FL 33602 City/State and Zip Code DC larke@ Kass law.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philip K. Clarke, Fsq. at (813), 229-0900 ex. 1305 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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

445 SOUTH 12TH STREET UNIT 2602, LLC (Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/13/2014 and assigned Florida document number <u>L1400</u>0025455 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACALDEIRA, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 agregationally 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M AMBR = A	Annager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
*			□ Add
			☐ Remove
			☐ Add
			Remove
			Remove 14 HAY
			_DAdd \
			PH PREMOVES 16
			Drift on
			□ Add
			Remove

If amending any of	nending any other information, enter change(s) here: (Attach additional sheets, if necessar		
			
·····			
Effective date, if of	ther than the date of filing: (optional be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after)	
Dated APRIL	is filed by the Florida Department of State) 2014		
Dated			
	Adriana Caldena		
APP	Signature of a member or authorized representative of a member IANA CALDEIRA, MEMBER		
<u> </u>	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORID