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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

2014 JUL -8 AM 09:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dhemand@agi-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FS 48F, LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FS 48F, 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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Diane M. Hernandez

Name of Person

at **305 416-6800**

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

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>
MGR	Waleska Avendano Padillo	1000 Brickell Avenue	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33131	
MGR	Waleska Avendano Padilla	1000 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Miami, Florida 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2014 JUL - 08 AM 04:15
 COUNTY OF DADE
 DEPARTMENT OF COUNTY CLERK
 1000 BRICKELL AVENUE
 MIAMI, FLORIDA 33131

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 July 8, 2014



Signature of a member or authorized representative of a member

Robert R. Adams, Esq., Authorized Representative

Typed or printed name of signee

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 DIVISION OF RECORDS