

L14000090074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

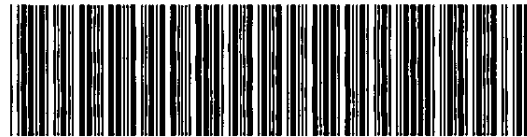
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260899451

06/06/14--01026--002 **30.00

FILED
2014 JUN -6 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2013

T. HAMPTON

James D. Palermo
General Counsel and Executive Vice President



June 5, 2014

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: PDQ FM Cleveland, LLC
L14000090074

Gentlemen:

Enclosed please find, for filing with your office, an original and copy of an Amendment to the Articles of Organization of PDQ FM Cleveland, LLC. The Amendment changes the name of the company to PDQ FM Cleveland Propco, LLC.

I am also enclosing a check, in the amount of \$30.00, in payment for the required filing fee and for the return to my attention of a Certificate of Status

Very truly yours,



JAMES D. PALERMO

JDP/ms
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDQ FM Cleveland, 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:

James D. Palermo

Name of Person

DeBartolo Holdings, LLC

Firm/Company

15436 North Florida Avenue, Suite 200

Address

Tampa, Florida 33613

City/State and Zip Code

jpalermo@debartoloholdings.com

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

For further information concerning this matter, please call:

James D. Palermo

Name of Person

at 813 908-8400

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

PDQ FM Cleveland, LLC

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

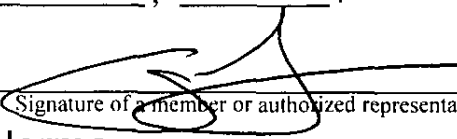
FILED
 2015 JUN 30 PM 1:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 4, 2014



Signature of a member or authorized representative of a member

James D. Palermo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JUN -6 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA