

U4000090891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

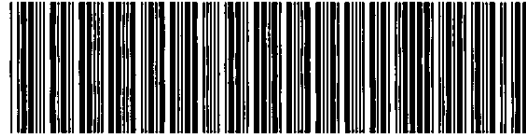
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 23 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

ELLIOT BORKSON
ELLIOT P. BORKSON, P.A.
1313 S. ANDREWS AVE
FT LAUDERDALE, FL 33316

SUBJECT: PF-MARKETPLACE AT HILLSBORO, LLC
Ref. Number: L14000090891

We have received your document for PF-MARKETPLACE AT HILLSBORO, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 414A00019184

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 18 AM 10:32

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PF-MARKETPLACE AT HILLSBORO, 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:

ELLIOT BORKSON

Name of Person

ELLIOT P. BORKSON, P.A.

Firm/Company

1313 S. ANDREWS AVE.

Address

FT LAUDERDALE, FL 33316

City/State and Zip Code

ellpremo@hotmail.com

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

For further information concerning this matter, please call:

ELLIOT P. BORKSON

Name of Person

954 462-6360

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

FILED
2011 SEP 18 AM 10:32
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PF-MARKETPLACE AT HILLSBORO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/05/14 and assigned
Florida document number L14000090891.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PFFL-MARKETPLACE AT HILLSBORO, 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)

212 WEST PADONIA RD.

TIMONIUM, MD 21093

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

Florida

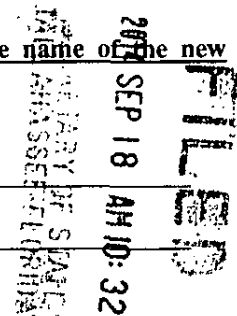
City

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



MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	C. VICTOR BRICK	212 WEST PADONIA RD.	<input checked="" type="checkbox"/> Add
		TIMONIUM, MD 21093	<input type="checkbox"/> Remove

 Add

☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

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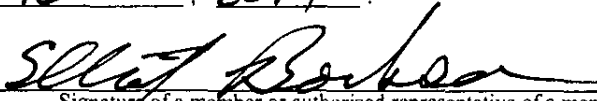
37

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 Sept. 16, 2014



Signature of a member or authorized representative of a member

ELLIOT BORKSON

Typed or printed name of signee

AUTHORIZED REP.

Page 3 of 3

Filing Fee: \$25.00

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