## L14000188002

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	· ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400269596724

03/02/15--01046--015 \*\*25.00

15 MAR - 2 AM 11: 39
SECRETARY OF STATE
AND A HASSES, FLORID.

MAR 1 7 2015

T. HAMPTON

## COVER LETTER

TO: Registration Se Division of Cor		1	
	Barani	ck 4801, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	lla	na Brunelle, Paralegal	
		Name of Person	
	c/o Re	edgrave & Rosenthal LLP	
		Firm/Company	
	120 East P	almetto Park Road, Suite 4	00
		Address	
	Boca	Raton, Florida 33432	
		City/State and Zip Code	<del></del>
	~	redgraveandrosenthal.con	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Jennifer E	. Zakin,Esq.	561 347-1700	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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



120 East Palmetto Park Road • Suite 400 Boca Raton, Florida 33432 • Tel 561.347.1700 • Fax 561.391.9944 www.redgraveandrosenthal.com

Jennifer E. Zakin jzakin@redgraveandrosenthal.com Direct Dial 561.226.7819

February 23, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Our File No. 36676-00002

Baranick 4801, LLC

Dear Sir or Madam:

Enclosed please find the following for the above referenced entity:

- 1. Cover Letter;
- 2. Articles of Amendment to Articles of Organization;
- 3. A check in the amount of 25.00 payable to the "Florida Department of State."

Please file the enclosed Articles of Amendment to Articles of Organization with the Florida Department of State and return confirmation of filing to our office at the address indicated on the attached Cover Letter.

If you have any questions, please do not hesitate to contact me.

 $\mathcal{N}$ 

Jennifer E. Zakin

JEZ/ib Enclosures

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nick 4801, LLC				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.	)		
The Articles of Organization for this Limited Liability Conficient Number L14000188002  This amendment is submitted to amend the following:		December 9,		and ass 15 MAR - 2	igned
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :	E E		m
Me	emom1, LLC		F. S.	=	
The new name must be distinguishable and end with the words "Lim	nited Liability Company," th	ne designation "LLC"	or the abbase		L.C."
Enter new principal offices address, if applicable:			À	_	
(Principal office address MUST BE A STREET ADDR.	ESS)		·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr  Name of New Registered Agent:		on our records,	enter the	name	of the n
New Registered Office Address:	F F	1	<del> </del>		
	Enter r	lorida street address			
<del></del>	City	, Flor		ip Code	
New Degistered Agent's Signature if changing Degistered	,		2	ip Coue	

## 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMRR =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
MGR	Annette F. Baranick	7862 Villa D'Este Way	
		Delray Beach, FL 33446	■ Remove
			Add
			□ Remove
			□ Add
		SEC	Remove
		TALLARIASSEE, FL	CAdd Remove
		RIDA	_
			Remove
			_□ Remove
			_

	<del></del>
ective date, if other	than the date of filing:(optional)
effective date must be sp	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date must be splate this document is file	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
ffective date must be sp ate this document is file	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
effective date must be sp date this document is file	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
effective date must be sp date this document is file	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ad by the Florida Department of State)
effective date must be sp	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ad by the Florida Department of State)  2015  Signature of a member or authorized representative of a member
effective date must be sp date this document is file	ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ad by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

15 MAR - 2 AM 11: 39
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE