115000048663

(Re	questor's Name)	
(Ad	dress)	_
bA)	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		RRE 4483, LLC		
SUBJEA, I.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Ingrid Hooglander		
			Name of Person	
		Brandon Legal Group, PL1	C	
			Firm/Company	
		1209 Lakeside Drive		
			Address	
		Brandon, Florida 33510		
			City/State and Zip Code	
		Ingrid.Hooglander@brando		
		E-mail address: (1	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Ingrid Hoog			at () 902-3576 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

VIEUX CARRE 4483, LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records,)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$. Torida document number $\frac{115000048663}{2}$.	3/18/2015 and assigne	d
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>nere</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the	, -	· ·
Enter new principal offices address, if applicable:	5	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	JUN CH	223
	29	
	-D	<u> </u>
Enter new mailing address, if applicable:	2:	
Mailing address MAY BE A POST OFFICE BOX)	25	<u>ज्</u> रा
3. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of t	the no
Name of New Registered Agent:		
New Registered Office Address: Enter FI	lorida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Karen Smith	4483 Vieux Carre Circle	☐ Add
		Tampa, Florida 33613	Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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	ffective date, if other than the date of filing:	(optional)
	Note: If the date inserted in this block does not meet the applicable statute	ding or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	document's effective date on the Department of State's records.	
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Typed or printed name of signee

Filing Fee: \$25.00