## 117000046472

(R	equestor's Name)	<u> </u>
(A	ddress)	
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(C	ity/State/Zip/Phone #	<del>/</del> )
PICK-UP	☐ WAIT	MAIL
(B	Susiness Entity Name	e)
(C	Oocument Number)	
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November 27, 2018

CAROLINA LLANO 7600 E DOUBLETREE RANCH RD, STE 100 SCOTTSDALE, AZ 85258

SUBJECT: WAREHOUSE 4128, LLC

Ref. Number: L17000046472

We have received your document for WAREHOUSE 4128, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Registered agent company name cannot be a trademark, has to be an active business

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.

Letter Number: 618A00024168

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

то:	Registration S Division of Co				
cunt		OUSE 4128, LLC			
SUBJE	СТ:		nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		
		Carolina Llano			
			Name of Person	<del></del>	
		FineMark National Bank &	& Trust		
Firm/Company					
7600 E. Doubletree Ranch Rd., Suite 100					
			Address		
		Scottsdale, Arizona 85258			
			City/State and Zip Code		
		cllano@finemarkbank.com			
		E-mail address: (	to be used for future annual report no	tification)	
For furt	her information of	concerning this matter, please c	all:		
Carolin	a Llano		480 607-4885		
	Name o	of Person	at () Area Code Daytii	me Telephone Number	
Enclose	d is a check for t	he following amount:			
□ <b>\$</b> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WAREHOUSE 4128	, LLC
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited   Florida document numberL17000046472	Liability Company were filed on	February 27, 2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	v here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	
Enter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	**: 
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	4:0
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the n
Name of New Registered Agent:	Jeff Moes c/o FineMark Natio	onal Bank & Trust
New Registered Office Address:	12681 Creekside Lane	
	Enter	Florida street address
	Fort Myers	Florida 33919
	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>	Address	Type of Action
AMBR	Donald Z. Greinke	3327 Lake Shore Dr. Orlando, FL 32803	Add
			■ Remove
	Donald Z. Greinke Revocable		□ Change
AMBR	Twee LLAD 1/25/12 Donald 2	3327 Lake Shore Dr. Orlando, FL 32803	■ Add
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			Change
		<del></del>	
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of  e: If the date inserted in this block does not meet the applicable statu  ument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605 atory filing requirements, this date will not be list
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlie
,	
ed 10-26-18	

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Filing Fee: \$25.00