## M07000005915

· (Re	equestor's Name)				
(Address)					
(Ac	ddress)	·			
(Ci	ty/State/Zip/Phone	:#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates  W13-Le1				
Special Instructions to	,				

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J. SAULSBERRY EXAMINER

NOV 2 0 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ANO, 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:
AUSTIN GRIFFIN Name of Person
Name of Person  F9 Properties  Firm/Company
844 Alton Rd, Suite aB
Miami Beach, FL 33139  City/State and Zip Code  AVSTIN G & F9P roperties. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used 10f future annual report notification)  For further information concerning this matter, please call:
Avstral Graff at (786) 216-7501  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

## **SECTION I (1-3 must be completed)**

1. Name of limited liability company a State: ANO	is it appears on the records o	f the Florida Department of	•
,		-1	201
2. Jurisdiction of its organization:	Tallahassee		_ = =
3. Date authorized to do business in Fl	orida: 10 02 / 3	1007	2013 140 4 20 1
	-7 complete only the applic	able changes)	
4. If the amendment changes the name change effected under the laws of its	of the limited liability comp jurisdiction of organization	pany, when was the ?	AH W 02
5. New name of the limited liability co	ompany: F9 Proper	ties LLC	
	(must end with "Limited Liab	ility Company, ""L.L.C.," or "LLC	C.")
Florida and attach a copy of the written the alternate name. The alternate name or "LLC.")  6. If the amendment changes the perior	must end with "Limited Lia	bility Company," "L.L.C."	<b>,</b> 5
7. If the amendment changes the jurisc	liction of organization, indic	ate new jurisdiction:	
	e statement, indicate the state Hadress:  Miami Beach	-	
Phone: 186 - 216 - 1501  9. Attached is an original certificate, n amendment(s), duly authenticated by the law of which this entity is organ.  Signature of a me	o more than 90 days old, evi y the official having custody ized.	dencing the aforementioned of records in the jurisdict	i

Filing Fee: \$25.00



CINCINNATI OH 45999-0046

In reply refer to: 0223543094 Feb. 25, 2013 LTR 252C 0 02-0499172 000000 00

00003440

BODC: SB

F9 PROPERTIES LLC SULLIVAN THOMAS D SOLE MEM 3000 JOHN DEERE RD TOANO VA 23168



005893

Taxpayer Identification Number: 02-0499172

Dear Taxpayer:

Thank you for the inquiry dated Jan. 08, 2013.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

The address on your inquiry is different than the address on our records. If the address on the inquiry is correct, please submit a Form 8822-B so that we can update your address. The form must be signed by an authorized person.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone	Number	(	)	Hours
		1		