

M13000008093

Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1701 WEST TENNESSEE LLC**

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K. SALY

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MIAMI, FLORIDA 33131-1802

TEL. 305-810-2500
FAX 305-810-2460

FAX

TO **FAX:** 18506176383

FROM **NAME:** Maria Lopez Martinez

RECIPIENT: 1701 West Tennessee LLC - Document Number M13000008093

Good afternoon,

Attached please find the Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for 1701 West Tennessee LLC. (Document Number M13000008093) to be filed with the Florida Department of State.

Please contact us at (305) 536 2705 with any questions or comments.

Thank you so much,

Maria Laura Lopez

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT THE SENDER

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: 1701 WEST TENNESSEE LLC

Enter new principal office address, if applicable: 1456 Periwinkle Way

(Principal office address
MUST BE A STREET ADDRESS)

Suite B Box 293

Sanibel, FL 33957

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

1456 Periwinkle Way

Suite B Box 293

Sanibel, FL 33957

2. The Florida document number of this limited liability company is: M13000008093

3. Jurisdiction of its organization: Commonwealth of Virginia

4. Date authorized to do business in Florida: 12/23/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: N/A

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

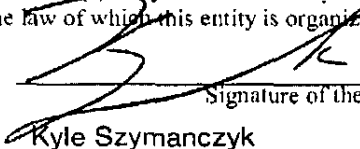
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The amendment changes the address of the managers as indicated below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SZYMANCZYK, KYLE A.</u>	<u>1456 Periwinkle Way, Suite B Box 293, Sanibel, FL 33957</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>SZYMANCZYK, PETER J.</u>	<u>1456 Periwinkle Way, Suite B Box 293, Sanibel, FL 33957</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s) duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative
Kyle Szymanczyk

Typed or printed name of signee

Filing Fee: \$25.00

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