# L0200006491

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SECRETARY OF STATE

T. CLINE

MAY 2 2 2008

**EXAMINER** 

### DEZER PROPERTIES, LLC

18001 COLLINS AVENUE, 31<sup>ST</sup> FLOOR SUNNY ISLES BEACH, FL 33160 (305) 932-1000

May 15, 2008

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

Re:

Dezer Development, LLC

Document No. L04000016667

#### Dear Sir/Madame:

WJS/jb Encls.

Enclosed please find an original executed Articles of Amendment to Articles of Organization Dezer Development, LLC to add Gil Dezer as a managing member, as well as a check (No. 292) in the amount of \$30.00 made payable to *Florida Department of State*. Please issue a letter of acknowledgment back to the undersigned after the amendment has been has filed.

Thank you for your attention to this matter. If you have any questions in the interim please contact the undersigned.

William of the

For the Company

008 MAY 21 AM 10:

## **COVER LETTER**

TO:	Registration Sec Division of Corp		•					
SUBJ	ECT:			PMENT, UC ted Liability Company)				
The en	closed Articles of	Amendment and	d fee(s) are subr	nitted for filing.				
Please	return all correspon	ndence concern	ing this matter t	to the following:				
		WARR	EN JAY	STANH, ESO (Name of Person)				
		· · · · · · · · · · · · · · · · · · ·		(Firm/Company)	· · · · · ·			
		18001	COLLINS	AVENUE, 31 (Address)	ST FLOO	TR.		
		SULLY	ISLES	BEACH FL (City/State and Zip Code)	_ 33160	<u> </u>		
For fur	ther information co	oncerning this n	natter, please ca	11:				
W	HREN JAY (Name o	STAMM f Person)	1, 85s.	at ( <u>205</u> ) 9 (Area Coo	32-1000 de & Daytime 1	Celephone Number		
Enclos	ed is a check for th	e following am	ount:				2008 MAY 2 SECRETAR ALLAHASS	77
<b>\$25</b>	.00 Filing Fee	\$30.00 Fili Certifica	ng Fee & te of Status	S55.00 Filing Fee of Certified Copy (additional copy		Certified	ing Fee, ite of Status &	
	MAILI	NG ADDRESS	S:	STREE	T/COURIER	R ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEZER DE	VELDPMENT LLC iability Company as it now appears	
(Name of the Limited L. (A F	Torida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lial	bility Company were filed on _ MA	V2CH 19, 2002 and assigned
Florida document number L020000649	<u> </u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with 'L.L.C."  B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on ou	
		2008 MAY 2 SECRETAR TALLAHASS
Name of New Registered Agent:		HE TA
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	SARY SARY
	(Ente	er Florida street address) A TT
	(City)	Pri (Zif Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	

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 608, 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	Sanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBRM	GIL DEZER	18001 Colums Avenue, 31 St F Sunny Fsles Beach FL 33	Add Remove
			Add Remove
			Add Remove
	<del>.</del>		Add Remove
			ZOO Add  NET Remove  A A A A A A A A A A A A A A A A A A A
			X OF STATE S
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ry.)
Dated	MAY 13 , 20	08 M	
		nber or authorized representative of a member	
	MICH	Ped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00