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FILED 2009 SER 21 PH 2: 06 SECRETARY OF STATE ALLAHASSEE. FLORIDA

C. LEWIS

SEP 2 2 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor							
	1'		1,4					
SUBJECT: 4040 IBIS POINT, LLC								
0020			ited Liability Company					
The en	nclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.					
Please	return all correspo	ondence concerning this matter	r to the following:					
			Josef Kanner		_			
			Name of Person					
			4040 Ibis Point, LLC					
			Firm/Company		_			
			5803 Mulberry Drive		_			
			Address	•	_			
	Tamarac, FL 33319							
			City/State and Zip Code		_			
			4 1 18 4					
		E-mail address: (to be used for future annual repo	rt notification)				
For fu	rther information of	concerning this matter, please of	call:					
	Jo	osef Kanner	at (954)	306-1213 Daytime Telephone Number				
	Name o	of Person	Area Code & I	Daytime Telephone Number	er			
Enclos	sed is a check for t	he following amount:						
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &			

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**

FILED

2009 SEP 21 PM 2: 06

(Name of the Limite	4040 IBIS d Liability Cor A Florida Limit	S POINT, LLC mpany as it now appe ted Liability Company	ars on our record	SECRETARY OF STATE SULAHASSEE, FLORIDA
The Articles of Organization for this Limited I Florida document number L0400007	•	oany were filed on	10/26/200	4 and assigned
This amendment is submitted to amend the fol	llowing;			
A. If amending name, enter the new name	of the limited	liability company ho	ere:	
The new name must be distinguishable and end w "L.L.C."	rith the words "	Limited Liability Com	pany," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		-
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			· · · · · · · · · · · · · · · · · · ·
		Enter Florida street address		
		City	, Florid	la Zip Code
New Registered Agent's Signature, if changing	Registered Ag	•		

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 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 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 = Managing Member Title Address **Type of Action** Name STEVE RASABI MGRM 7901 SW 6TH COURT SUITE 120 ☐ Add PLANTATION, FL 33324 ∇ Remove Remove ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Josef Kanner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00