Division of Corporation

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# Florida Department of State

**Division of Corporations** Public Access System

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(((H08000113129 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CHAPIN, BALLERANO & CHESLACK

Account Number : I20070000126 Phone : (561)272-1225

Fax Number : (561)272-4442

m

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### 232/234 WAVECREST LLC

Certificate of Status	0
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4/28/2008

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H08000113129 39 AM 8: 31

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE FLORIDA

232/234 WAVECREST LLC	Lishility Company as It now appears	on our records	
(A)	Liability Company as It now appears Florida Limited Liability Company)	ou our recordany	
The Articles of Organization for this Limited Li-	ability Company were filed on <u>FEB</u>	RUARY 19, 2008 and assigned	
Florida document number L08000017784	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	;	
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on or	- -	
Name of New Registered Agent:			
New Registered Office Address:	(Ent	(Enter Florida street address)	
	Florida		
	(City)	(Ztp Code)	
Non-Books at American			

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 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)

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#### H08000113129 3

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u>MGRM</u>	J. DANIEL MEAD	234 NE WAVECREST WAY BOCA RATON, FL 33432	Add  Remove	
<u>MGRM</u>	MADELYN C. MEAD	350 SOUTH OCEAN BLVD. #12D BOCA RATON, FL 33432	Ađđ Remove	
			Add Rcmove	
			Add	
			Add Remove	
			Add Remove	
D. И аме	nding any other information, ent	er change(s) here: (Attach additional sheets, if necessar		
_			·	
-			OB APR	
Dated	April 29,	nl.	129 MASSEE	
	Signature of BRIAN G. CHESLACK	a member or authorized representative of a member  Typed or printed name of signee	8: 31 FLOW	
		Page 2 of Z H0800011312	<u> </u>	

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Filing Fee: \$25.00