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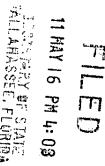
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D. BRUCE

MAY 17 2011

EXAMINER

COVER LETTER

	ation Se n of Cor	ction porations				
SUBJECT:			es of Tamarac, LLC	_		
		Name of Limit	Name of Limited Liability Company			
		Amendment and fee(s) are sub	•			
		Ge	orge W. Mathews, Esq			
			Name of Person			
Mathews & Piazza, P.A.			athews & Piazza, P.A.			
	Firm/Company					
1325 S. Congress Avenue, # 104				7.		
			Address			
		Day	inten Beach, El 22426			
		ВО	ynton Beach, FL 33426 City/State and Zip Code			
		nre	estghm@bellsouth.net			
		E-mail address: (E-mail address: (to be used for future annual report notification)			
For further infor	rmation o	concerning this matter, please o	all:			
` G	eorge	W. Mathews	at (561) 738-5501			
	Name o	f Person	Area Code & Daytime Telephone Nun	nber		
Enclosed is a ch		he following amount: \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif	Filing Fee, ficate of Status & fied Copy		
	Regist	ING ADDRESS: ration Section on of Corporations		tional copy is enclosed)		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Prestic (<u>Name of the Limited L</u> (A F	je Homes o lability Compa lorida Limited L	of Tamarac, LLC ny as it now appears on our Liability Company)	records.)	 			
The Articles of Organization for this Limited Lia Florida document numberL100001149		were filed on Noveml	oer 3, 20	10 a	nd assi	igned	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liab	ility company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation	"LLC" c	or the a	bbreviation	
Enter new principal offices address, if applicable:		9732 West Sample	Road				
(Principal office address MUST BE A STREET ADDRESS)		Coral Springs, FL 33	3065	514,			
				1 1 1 1 1 1 1 1 -	<u> </u>	Z.CET-PRODE	
				## 111 >> 11		1 1	
Enter new mailing address, if applicable:	9732 West Sample	Road		9	1		
(Mailing address MAY BE A POST OFFICE B	Coral Springs, FL 33		1165	3			
Manning university MATA DE 11 1 051 01 1100 D	<u> </u>	<u> </u>		<u>ਜ਼ਿੰਦਮ</u> © ਜ਼ੁਰੂ			
				<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ords, <u>ente</u>		ime o	f the new	
Name of New Registered Agent:	George W. Mathews, Esq						
New Registered Office Address:	ngress Avenue, # 104						
	Enter Florida street address						
	ynton Beach , Florid		a 33426				
		City		Zip Code			
New Registered Agent's Signature, if changing Re	gistered 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 herely confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

Type of Action Title <u>Name</u> Address MGRM Rona Chait ☐ Add 9732 West Sample Road √ Remove Coral Springs, FL 33065 **Bruce Chait** MGRM 9732 West Sample Road ✓ Add Remove Coral Springs, FL 33065 ☐ Add ☐ Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 13 Dated _ Signature of a member or authorized representative of a member Rona Chait Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00