4200006761

| (Req | uestor's Name) | |
|----------------------------|-----------------|---------------------------------------|
| | | |
| (Addı | 'ess) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phone | e #1 |
| (3.3). | | , |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Busi | ness Entity Nan | ne) |
| (Doci | ument Number) | · · · · · · · · · · · · · · · · · · · |
| | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | ling Officer: | <u></u> |
| · | | |
| | | |
| | | |
| | | ; |
| | | |
| | | |

Office Use Only



700263648137

09/04/14--01020--006 **25.00

FILED

14 SEP -4 PH 4: 45

SECRETARY OF STATE

TANKED STATE

SEP 11 2014 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

COURTNEY PARK, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART I. GROSSMAN

Name of Person

LEVINE KELLOGG LEHMAN SCHNEIDER + GROSSMAN LLP

Firm/Company

201 S. BISCAYNE BLVD - 22ND FL

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SIG@LKLSG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART GROSSMAN

,,305<u>,</u>403-8788

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

| COURTNEY | | |
|---|---|---|
| (A Florida | ty Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 5/15/12 Florida document number L12000065761 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and end with the words "Lim | nited Liability Company," the designation "LLC" | — |
| Enter new principal offices address, if applicable: | | ALL SEC |
| (Principal office address MUST BE A STREET ADDR | ESS) | A |
| | | 200 上 三 |
| | | |
| Enter new mailing address, if applicable: | | 55 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | | enter the name of the nev |
| Name of New Registered Agent: | | · <u>····································</u> |
| New Registered Office Address: | Enter Florida street address | |
| | Enter riorida street address | |
| | , Floric | laZip 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name Address 95 NORTH COUNTY ROAD __ Add ALISON COLBERT MGR PALM BEACH, FL 33480 Remove ADRIANNE SILVER 95 NORTH COUNTY ROAD MGR PALM BEACH, FL 33480 __ Remove □ Add SEGRETARY □ Add ☐ Remove

|). If amending any other information, enter change(s) here: (Attach addition | nal sheets, if necessary.) |
|--|----------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| . Effective date, if other than the date of filing: | (optional) |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) | e more than 90 days after |
| Dated August $\frac{2014}{2014}$ | |
| al Im | |
| Signature of a member or authorized representative | of a member |
| EDWARD LEEVAN | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

FILED

14 SEP -4 PM & 4-5
SECRETARY OF STATE
AND ANIASSEE FLORUM