

**L13000038132**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407) 425-7010  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: wbiles@zkslawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SIM SPINNAKER COVE, LLC**

Certificate of Status	0
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15 AUG 27 AM 9:00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2015 AUG 27 AM 8:27

FILED

AUG 28 2015  
J. HARRIS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SIM Spinnaker Cove, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 13, 2013 and assigned Florida document number L13000038132

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip 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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rubin, Ezra	2600 Douglas Road	<input type="checkbox"/> Add
		Suite1000	<input checked="" type="checkbox"/> Remove
		Coral Gables, Florida 33134	
AMBR	Rubin Interests, LLC	2600 Douglas Road	<input checked="" type="checkbox"/> Add
		Suite1000	<input type="checkbox"/> Remove
		Coral Gables, Florida 33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. 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 more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 28, 2015

[Handwritten Signature]  
Signature of a member or authorized representative of a member  
Stuart I Meyers  
Typed or printed name of signer

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