14000037349

(Re	equestor's Name)	
(Ad	dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400257679364

03/11/14--01024--018 **30.00

FILED

2014 HAR II PM 1-12

SECRETARY OF STAFE
ORION

MAR 1 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor			
Canv	on Trails, LLC		
SUBJECT: Carry		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Michael W. I	Moskowitz, Esq.	
		Name of Person	
	Moskowitz, I	Mandell, et al.	
		Firm/Company	
	800 Corpora	ite Drive, Suite 5	00
	•	Address	
	Fort Lauderd	dale, FL 33334	
		City/State and Zip Code	
	mmoskowitz@mr	NSSIAW.COM To be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
William G.	Salim, Jr., Esq	. _{at} 954, 491-20	000
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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

LAW OFFICES

MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

800 CORPORATE DRIVE • SUITE 500 FORT LAUDERDALE, FLORIDA 33334

MICHAEL W. MOSKOWITZ**
SCOTT E. SIMOWITZ
CRAIG J MANDELL
WILLIAM G SALIM, JR **
SCOTT M. ZASLAV*
ARI J GLAZER^
TODD A ARMBRUSTER
ARTHUR E. LEWIS
IRMA T BARRIOS
TARA L. ROSENFELD
GREG H. ROSENTHAL
JESSICA L. WEINBERG^*
JOSHUA C KLIGLER
JOY Q HUPPERT
CAROLYN WIENER^*

BROWARD (954) 491-2000 BOCA RATON (561) 750-7700 TELECOPIER (954) 491-2051 EMAIL mmss@mmsslaw.com

OF COUNSEL

SHIRLEY D. WEISMAN, P.A.

William G. Salim, Jr. wsalim@mmsslaw.com Direct (954) 776-9213

ALSO ADMITTED IN NY & DC* ALSO ADMITTED IN NY & CT* ALSO ADMITTED IN NY^ ALSO ADMITTED IN UAE^^

CERTIFIED CIRCUIT COURT MEDIATOR.

March 10, 2014

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Canyon Trails, LLC

Dear Sir or Madam:

Enclosed herewith please find Articles of Amendment to Articles of Organization of Canyon Trails, LLC, changing the name to 8204, LLC. Please file these Articles of Amendment with an effective date of March 11, 2014, and return a Certificate of Status at your earliest convenience.

Your courtesy and consideration in this matter is greatly appreciated.

n J. Solin, fr. /cr

Very truly yours,

WGS/cl

DICTATED BUT NOT READ SENT OUT TO AVOID DELAY

Enclosure

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Canyon Trails, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L14000037349</u>		and assigned
This amendment is submitted to amend the follow	ing:	2014 HAR 11 SECIRE NATIONAL PROPERTY OF TAPEL AND ASSECTION ASSECT
A. If amending name, enter the new name of the	e limited liability company here:	至 第一
8204, LLC		ASSE = T
The new name must be distinguishable and end with the work Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	r the dispreviation L.L.C.T.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			□ Remove
			□ Remove
			TALLAHASSEE FL
			HASSEE FLOR
			Add:
			≥ □ Remove
			Add
			□ Remove

D.	If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-	
	_	
	_	
	_	
**	The effec	ve date, if other than the date of filing: March 11, 2014 (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	Dated _	MAR, 7, 2014
		Signature of a member or authorized representative of a member
		Randal Perkins, Trustee
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

