

LI5000157740

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SIMON & SIGALOS, LLP  
Account Number : I19990000176  
Phone : (561)447-0017  
Fax Number : (561)447-0018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: msimon@simonsigalos.com

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FEDERAL HIGHWAY LAND, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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OCT 16 2015

(((H15000247549 3)))  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FEDERAL HIGHWAY LAND 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 09/16/2015 and assigned  
Florida document number L15000157340

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

138 N. Swinton Avenue, Suite A Delray Beach, FL 33444

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

138 N. Swinton Avenue, Suite A Delray Beach, FL 33444

(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:

Michael W. Simon

New Registered Office Address:

3839 NW Boca Raton Blvd, Suite 100

*Enter Florida street address*

Boca Raton

Florida

*City*

33431 *Zip Code*

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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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Ben Yomtob	5300 WEST ATLANTIC AVE, SU	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott Porten	138 N. Swinton Avenue, Suite A D	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tom Laudani	185 NE 4th Ave. Ste. 104, Delray F	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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