H18000033175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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04/06/18--01016--022 **25.00

18 APR 30 PM 12:49

J. LEGGETT
MAY 01 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2018

RUSSEL DION
701 BAYSHORE DRIVE
FT LAUDERDALE, FL 33304 US

SUBJECT: MT CAFE, LLC
Ref. Number: L18000033175

We have received your document for MT CAFE, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 318A00007079

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MT CAFE, 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:

RUSSEL DION
Name of Person

Firm/Company

701 BAYSHORE DRIVE
Address

FORT LAUDERDALE, FL 33304
City/State and Zip Code

Dion@ManhattanTowerFL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russel Dion at (754) 224-7301
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

MT CAFE, 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 FEBRUARY 2, 2018 and assigned Florida document number L18000033175.

This amendment is submitted to amend the following:

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

~~MT CLUB, LLC~~ MT WATERFRONT CLUB LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

701 BAYSHORE DRIVE
FORT LAUDERDALE, FL 33304

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

701 BAYSHORE DRIVE
FORT LAUDERDALE, FL 33304

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

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

Title	Name	Address	Type of Action
AMBR	Russel Dion	701 Bayshore Drive	☐ Add
		Fort Lauderdale, FL 33304	■ Remove
			☐ Change
AMBR	Joseph E. Caffey	701 Bayshore Drive	☐ Add
		Fort Lauderdale, FL 33304	■ Remove
			☐ Change
AMBR	Russel Dion, T'ee UAD 03/15/18	701 Bayshore Drive	■ Add
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
AMBR	Joseph Caffey, T'ee UAD 03/15/18	701 Bayshore Drive	■ Add
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 04/01/18 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 23, 2018.

Russel Dion

Signature of a member or authorized representative of a member

Russel Dion

Typed or printed name of signee

Filing Fee: $25.00