Division of Corporations



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Division of Corporations

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From:

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Account Number : T20060000031 Phone : (561)833-9800 Fax Number : (561)655-5551

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

Enail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAKS AT RED BAY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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OCT 178 2019

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAKS AT RED BAY LLC	
Name of the Limited Liability Co. (A Plorisa Limi	regarry as it sow apprears og our records.) and Limbility Company)
The Articles of Organization for this Limited Liability Comp.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	lability company here:
The new same must be distinguishable and contain the words "Limited L.	ishility Company," the designation "LLC" or the abbreviation "L
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 registered agent and/or the new registered office address have of New Registered Agent:	office address on our records, enter the name sere:
New Registered Office Address:	
	linter Florida street ochbress
	Florida
New Registered Agent's Signature, If changing Registered Ager	Cuy Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offur company has been notified in writing of this change.	gree to act in this capacity. I further agree to comp. the performance of my duties, and I am familiar with the provided for in Chapter 605, F.S. Or, if this docu.
If C:	hanging 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Types
MGR	AVIV ELBAZ	6499 POWERLINE RD., STE 206 FORT LAUDERDALE, FL 33309	
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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en cile lote:	re date, if other than the date of filing:	uraucni i pot i
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the
ated	actober 6 2019	
	New	
	Signature of a marging preprincence representative of a member	
	MIRIAM NATHAN	

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