## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000240216 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARTHUR R. ROSENBERG, P.A.

Account Number: I20020000005 Phone : (954)772-5151

: (954)772-4224 Fax Number

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1845 PROPERTIES FLORIDA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

0CT - 3 2012

FXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1845 PROPERTIE	S FLORIDA	, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe: Liability Company)	irs on our records.	)	
The Articles of Organization for this Limited Liability Company	were filed on	June 13, 201	12	and assigned
Florida document numberL12000079047				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
1845 FLORIDA PR				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation	m"LLC	or the abbreviation
Enter new principal offices address, if applicable:	6499 N. Pow	verline Road		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Suite 304		<u>دي</u>	1 172
	Fort Lauderd	lale, FL 33309	irii.	= [.]
Enter new mailing address, if applicable:	6499 N. Pow	erline Road	ELUR.	ф 9
(Mailing address MAY BE A POST OFFICE BOX)	Suite 304		Ü	
	Fort Laudero	lale, FL 33309		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		our records, <u>ent</u>	er the	name of the new
New Registered Office Address:	New Registered Office Address:  Enter Florida street address			· · · · · · · · · · · · · · · · · · ·
		, Florida		
<u> </u>	City		Z	ip 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
	<del></del>		
		<u> </u>	Add Remove
			<b></b>
		·	Add
•			Remove
D. If amen	ding any other information	enter change(s) here: (Attach additional shee	<del></del>
_			0CT -2 P
			AM 8: 30
Dated	October 2		N
	Signatui	e of a member or authorized representative of a mer	nber
		Josefua S. Pinsky Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00