Division of Corporations

Page 1 of 2

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.

(((H180000562973)))



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 : GREENSPOON MARDER, P.A.

Account Number: 076064003722 : (893)491-1120 Phone

Fax Number : (954)343-6962

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

dick@schmidtcompanies.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUART JET CENTER, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

RECEIVED

FEB 19 2018

· · · · · · · · · · · · · · · · · · ·	S. WARRE
	FEB 1 9 2018

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileovr.exe

2/19/2018

Fax Server : 2/19/2018 9:32:42 AM PAGE 3/005 Fax Server

H18000056297

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 4

(Name of the Limited Liability Company at Low appears on our records) (A Florida Liability Company) The Articles of Organization for this Limited Liability Company were filed on Provention 1. Provided Liability Company were filed on Provided Liability Company were filed to Provi		
Florida document number 1.00000014314 This amendment is submitted to amend the following: A. If amending name, enter the new mame 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." 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 office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: New Registered Agent: Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the company of the agree to the appointment of the proper and complete performance of my duties, and I am familiar with the company of the appointment as registered agent and complete performance of my duties, and I am familiar with the company of the appointment as registered agent and complete performance of my duties, and I am familiar with the company of the appointment as registered agent and complete performance of my duties, and I am familiar with the company of the appointment as registered agent and complete performance of my duties, and I am familiar with the company of the appointment as registered agent and complete performance of my duties, and I am familiar with the company of the appointment as registered agent and complete performance of my duties, and I am familiar with the company of the		
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. 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 office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the state of the complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties, and I am familiar with the state of the proper and complete performance of my duties.	gned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailting address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties, and I am familiar with the proper and complete performance of my duties.		
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 office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the composition of all statutes relative to the proper and complete performance of my duties, and I am familiar with the composition of all statutes relative to the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties.		
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 office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the composition of all statutes relative to the proper and complete performance of my duties, and I am familiar with the composition of all statutes relative to the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties, and I am familiar with the composition of the proper and complete performance of my duties.	ಹ	
Enter new principal office 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 office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: Enter Florida street address	. C.Y	
Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Lip 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the capacity of the statutes and I am familiar with the capacity of the s	ĊC	77
Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent:	9	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties.	300 110	-m
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties.	9	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties.	<u></u>	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties, and I am familiar with the capacity of the proper and complete performance of my duties.	W	_
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties.		
Enter Florida street address		·
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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		
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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		
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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with		_
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit		
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili company has been notified in writing of this change.	i <i>and</i> nent i	
If Changing Registered Agent, Signature of New Registered Agen Page 1 of 3		

H18000056297

H18000056297

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
A		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		k	☐ Remove
		•	☐ Change
		.,	□ Remove
			Change
			D Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			ALSAHA
			Grame C
		2.	TARSEE OF SECONDS TARES
			9: 59 ORDA
			☐ Remove

Page 2 of 3

_□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	H 180	00056	29/
	"Article III - Management" is hereby deleted in its entirety.	··	_	
			_	
			_	
			-	
		<u> </u>	-	
			-	
		-	-	
			-	
			-	
			_	
			_	
			-	
			-	
			_	
			-	
•			-	
			_	
			-	
<u>Note</u> docu	tive date, if other than the date of filing: (optional) (fective date is tisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	not be lis	ted as tl	3)(b) ie
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t e 90th day after the record is filed.	ne ean	iei oi.	
Date	1 Rewrycing 13 , 2018.			
	Bickma Caming		≈	
	Signature of a member or authorized representative of a member	至高	8	
	Richard L. Schmidt	Z. Z.	9	===
	Typed or printed name of signee			FILED
		五 元	\$	Ď
	Page 3 of 3	ORE	9: 5	
	Filing Fee: \$25.00	$\mathbf{z}_{\mathbf{m}}$	9	