LOICUL 19564

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE PALLAHASSEE, FLORIDA

SEP 1 4 2015

3 MASON

COVER LETTER

	Division of Co	orporations	
SIII	John Mar BJECT:	r III LLC	
301	DJEC1	Name of Limited Liability Company	
The	enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Plea	ase return all corresp	spondence concerning this matter to the following:	
		Harvey Mattel, Esquire	
		Name of Person	
		Firm/Company	
		633 South Federal Highway, 8th Floor	
		Address	
		Fort Lauderdale, FL 33301	
		City/State and Zip Code	
		harvey.mattel@harveymattel.com E-mail address: (to be used for future annual report notification)	
For	further information	n concerning this matter, please call:	
На —	rvey Mattel	954 763-5095 at () e of Person Area Code Daytime Telephone Number	_
	Name	e of Person Area Code Dayume Telephone Number	
Enc	closed is a check for	r the following amount:	
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status	Status &

MAILING ADDRESS:

Registration Section

TO:

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

/None fall Land Called	: C	and an ann made and a	
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on N	November 13, 2001	and assigned
Florida document number L01000019564	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	sited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	·	·
			-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis	stered office address o	on our records, enter th	ne name of the new
registered agent and/or the new registered office add			
SV B to IA			
Name of New Registered Agent:			
New Registered Office Address:	Enter Fi	lorida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent	and agree to act in this	s capacity. I further agre	e to comply with the
provisions of all statutes relative to the proper and c	complete performance o	of my duties, and Lam far	niliar with and
accept the obligations of my position as registered a being filed to merely reflect a change in the registere	igent as proviaea for in ed office address, I her	Cnapter ous, r;s:भूर, ig eby confirm thaधी@limi	a ns aocument is ted liab il ity
company has been notified in writing of this change.		HAE S	ST III
		SSE	
		mo .	0
	II Changing Registered	Agent, Signature of New Regi	stered Agenty

Page 1 of 3

. 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>	Address	Type of Action
AMBR	Marlene Prosje	109 Hendricks Isle	Add
		Fort Lauderdale, FL 33301	□ Remove
			■ Change
AMBR	John W. Prosje	109 Hendricks Isle	
		Fort Lauderdale, FL 33301	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			☐ Add
			☐ Remove
			Change Change Change Change Change Change Change
			Remorda F S I Change

rne company snan be managed t	by its Members in accordance with regulations adopted by members for the
management of the business and	affiairs of the company. These regulations may contain any provisions for the
regulation and management of th	ne affairs of the company not inconsistent with law or these articles of organization
- · · · · · · · · · · · · · · · · · · ·	
-	
ote: If the date inserted in this block icument's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be learnest of State's records. Frective date, but not an effective time, at 12:01 a.m. on the earnest of the state
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Filing Fee: \$25.00