## L02000032256

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## **COVER LETTER**

| SUBJECT: 14278 Biscayne, L.L.C.   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (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:   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Marjorie F. Robbins, Esq.   | ,  |  |  |  |  |  |
| (Name of Person)  |  |  |  |  |  |  |
| ·   |  |  |  |  |  |  |
| Trute & Robbins   |  |  |  |  |  |  |
| (Firm/Company)  |  |  |  |  |  |  |
| 1090 Kane Concourse, Suite 20   | 2  |  |  |  |  |  |
| (Address)   |  |  |  |  |  |  |
| Bay Harbor Islands, FL 33154  |  |  |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |
| Marjorie F. Robbins, Esq. at 305 865-6  | 736  |  |  |  |  |  |
|   | ytime Telephone Number)  |  |  |  |  |  |
| •   |  |  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |  |  |
| □ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | XX\$60.00 Filing Fee, Certificate of Status & Seed) Certified Copy (additional copy is enclosed) |  |  |  |  |  |

MAILING ADDRESS:

1 -50

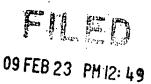
Registration Section Division of Corporations

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



14278 Biscayne, L.L.C.

SECRETARY OF STATE

(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 $12/02/200$                    | 2 and assigned                   |
|---|--|----------------------------------|
| Florida document number L02000032256  | ·  |                                  |
| This amendment is submitted to amend the following  | :  |                                  |
| A. If amending name, enter the new name of the li   | imited liability company here:                       |                                  |
| The new name must be distinguishable and end with the v"L.L.C."                                       | words "Limited Liability Company," the design        | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   |  |                                  |
| (Principal office address MUST BE A STREET AD.  | DRESS)   |                                  |
|   |  |                                  |
| Enter new mailing address, if applicable:   |  |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                                  |
|   |  | <u> </u>                         |
| B. If amending the registered agent and/or req<br>registered agent and/or the new registered office a | gistered office address on our records, ddress here: | enter the name of the new        |
| Name of New Registered Agent:   |  |                                  |
| New Registered Office Address:  |  |                                  |
|   | (Enter Florida                                       | street address)                  |
|   | , Flo  | orida                            |
|   | (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 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 = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                      | Address  | Type of Action   |
|--------------|----------------------------------|--|--|
| MGRM         | Jerrold Blair In                 | Trustee 2875 NE 191 Street<br>revocable Suite 702-B<br>Agreement Aventura, FL 331<br>984       | Add YN Remove  |
|              | <u> </u>                         |  | Add Remove   |
| MGRM         | Jerrold Blair In                 | istee <u>2875 NE 191 Street</u><br>rrevocabl <u>e Suite 702-B</u><br>Agreement Aventura, FL 33 | Remove   |
|              |                                  |  | Add Remove   |
| MGRM         | Limited Partners                 |  | ☐ Remove   |
| ·            | · · · ·                          |  | Add Remove   |
| D. If a      | mending any other information, e | nter change(s) here: (Attach additional sheets   | , if necessary.)   |
|              |                                  |  |  |
|              |                                  |  |  |
| Dated_       | February 12                      |  | FEB 23   |
|              |                                  | of a member or authorized representative of a mem errold Blair                                 | 100 PM 10 |
|              |                                  | Typed or printed name of signee  | <del></del>  |

Page 2 of 2

Filing Fee: \$25.00