

L030000001198

(FAX)

0001/005

<https://efile.sunbiz.org/scripts/efilecovr.ex>

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.

(((H14000157513 3)))



H140001575133ABC

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

9/9/05

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

6/30/14

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

Email Address: _____

RECEIVED

14 JUL -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI LAKES COMMONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 10:55

7
30
14

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

6/30/14

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

6/30/14



July 1, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIAMI LAKES COMMONS, LLC
12401 ORANGE DRIVE
SUITE 100
DAVIE, FL 33330US

SUBJECT: MIAMI LAKES COMMONS, LLC
REF: L03000001198

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

6/30/14

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct the document number in your Articles of Amendment. The correct number is L03000001198.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000156998
Letter Number: 014A00014173

RECEIVED

14 JUL -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

6/30/14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H14000157513 3

MIAMI LAKES COMMONS, LLC

(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 1/10/03 and assigned
Florida document number L030000001198.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 605, 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

H14000157513 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of a Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIAMI LAKES COMMONS, INC.	12401 Orange Drive, Suite 100 Davie, FL 33330	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Orlove, L. Michael	2600 Island Blvd. PH#2 Aventura, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LMO, Inc.	2600 Island Blvd. PH#2 Aventura, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

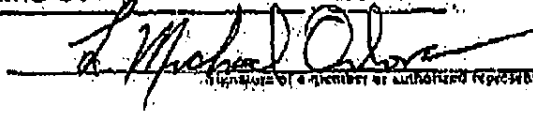
RECEIVED
4 JUL 30 PM 1:5
ST. LOUIS
MISSOURI

H14000157513 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional).
(The effective date must be specific; cannot be prior to date of receipt or filed pursuant cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 30 2014



Signature of a member or authorized representative of the member

Print or printed name of filer

Page 3 of 3
Filing Fee: \$25.00

FILED
14 JUN 30 PM 4:15
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

H14000157513 3