L03000044395

(Re	questor's Name)	1
. (Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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T. CLINE

DEC 16 2008

EXAMINER

COVER LETTER

SUBJECT: Levitt Co	ommercial Andrews	, LLC			
	. (Name of Limi	ted Liability Company)			•
	Amendment and fee(s) are submedence concerning this matter	_			
	John Grelle				
(Name of Person)					
	Woodbridge Holdings				
		(Address)			
	Fort Lauderdale, FL 3336	09		1	•
		(City/State and Zip Code)		SECT	
For further information co	oncerning this matter, please ca	all:		AHASSE	7008 DEC 15 AM 10: 42
John Grelle		at (954) 940-4919		m _C	3
(Name o	f Person)	(Area Code & Daytime To	elephone Number)	LORIDA	10: 42
Enclosed is a check for th	e following amount:			, and	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate Certified C (additional	of Status & Copy	
MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Levitt Commercial Andrews, LLC						
(Name of the Limited (A	Liability Compan Florida Limited L	y as it now appears on our in the state of t	records.)			
. The Articles of Organization for this Limited Lia	ability Company	were filed on 11/13/2003		and assign	ied	
Florida document number L03000044395	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and end with 'L.L.C."	the words "Limit	ed Liability Company," the d	esignation "LL	.C" or the abbi	reviation	
Enter new principal offices address, if applica	ıble:					
(Principal office address MUST BE A STREET ADDRESS)			3	7 SEG. 2008		
			7		***************************************	
				ASS ASS		
Enter new mailing address, if applicable:		2100 West Cypress Cree	k Road		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 333	09	co ==		
				9: 42 000 50		
B. If amending the registered agent and/o	r registered off	fice address on our reco	rds, <u>enter th</u>	e name of t	he new	
registered agent and/or the new registered off	ice address here	2:				
Name of New Registered Agent:	John Grelle					
<u> </u>	2100 Most Cv	press Creek Road			-	
New Registered Office Address:	da street addr	ress)				
	Fort Lauderdal	le, Florida <mark>3330</mark>		09	9	
		(City)		(Zip Code)		
Now Desistand Asset's Signature if changing D	anistaund Amants					

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)

Page 1 of 2

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 Title <u>Name</u> **Address Type of Action ☐** Add 🗖 Remove **□** Add Remove Add 🗂 🗖 Remove **∏** Add Remove **∫** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dec. 10 __, 2008 Signature of a member of authorized representative of a member John Grelle Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00