

03/29/2011 15:32 PM

Division of Corporations

LEOPOLD KORN LEOPOLD SNY

00014003

Page 1 of 1

L030000051723

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.

(((H11000082413 3)))



H110000824133ABCU

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 : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305) 935-3500
Fax Number : (305) 935-9042

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTERLINE HOMES AT BALDWIN PARK IV, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

11 MAR 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 29 AM 9:11

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAR 30 2011

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

Centerline Homes at Baldwin Park IV, 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 12/10/03 and assigned
Florida document number L03000051723

This amendment is submitted to amend the following:

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

Centerline Ventures II, LLC

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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
<u>S/T</u>	<u>Stephen Margolis</u>	<u>825 CORAL RIDGE DR</u> <u>CORAL SPRINGS, FL 33071</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR/P</u>	<u>Craig Perry</u>	<u>825 CORAL RIDGE DR</u> <u>CORAL SPRINGS, FL 33071</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR/M</u>	<u>Robert Stiegale</u>	<u>825 CORAL RIDGE DR</u> <u>CORAL SPRINGS, FL 33071</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Jeffrey Kronengold</u>	<u>825 CORAL RIDGE DR</u> <u>CORAL SPRINGS, FL 33071</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>Robert Hulson</u>	<u>825 CORAL RIDGE DR</u> <u>CORAL SPRINGS, FL 33071</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 29, 2011

Signature of a member or authorized representative of a member

Jeffrey Kronengold

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

11 MAR 29 AM 9:11

FILED