## 104000043451

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SECRETARY OF STATE
AHASSEE, FLORIDA

T. CLINE

DEC 16 2008

EXAMINER

## **COVER LETTER**

TO:

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration S Division of Co					
suвјест: <u>Levitt (</u>	Commercial Construc	etion, LLC			
	(Name of Lini	ned Liability Company)			
	f Amendment and fee(s) are sub ondence concerning this matter	<u>-</u>			
	John Grelle				
		(Name of Person)			
	Woodbridge Holdings				
		(Firm/Company)	<del></del>		
	2100 West Cypress Creek Road				
		(Address)	2008 DEC 15 SECRETARY TALLAHASS		
	Fort Lauderdale, FL 333	09 (City/State and Zip Code)	SEE O	ŢĨ	
		(c,. c c c,	F ST	in East	
For further information	concerning this matter, please c	all:	AN IO: 43 OF STATE EE.FLORIDA		
John Grelle		at (_954) 940-4919			
(Name	of Person)	(Area Code & Daytime T	'elephone Number)		
Enclosed is a check for	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation			

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Levitt Commercial Construction, Ll					
( <u>Name of the Limited L</u> (A F	iability Company Torida Limited Lia	as it now appears on or bility Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number L04000043651	and assigned				
Florida document number	•				
This amendment is submitted to amend the follow	ving:			3	
A. If amending name, enter the new name of	the limited liabili	ty company here:	ALLA	SECRE SECRE	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," th	e designation "LE	HAZ ON FINE	
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>	9 5	
			<del></del>	TOTAL CO.	
Enter new mailing address, if applicable:		2100 West Cypress C	reek Road		
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 33309			
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, enter the	e name of the new	
Name of New Registered Agent:	John Grelle				
New Registered Office Address:	2100 West Cyp	ress Creek Road (Enter Fl	lorida street addr	ress)	
	Fort Lauderdale	•	, Florida <u>3333</u> 0	ŕ	
·	TOTE LAUGETURIE	(City)	, Florida <u>5550</u>	(Zip Code)	
New Registered Agent's Signature, if changing Ro	egistered 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 **Type of Action** Address **Title** Name ☐ 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 Signature of a member or authorized representative of a member John Greile Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00