L04 000046785

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COVER LETTER

TO:	Registration Sec Division of Corp			•
CHID H		CRES, LLC	g · · · · · · · · · · ·	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		ERNEST W. HORSI	_EY	
			Name of Person	<u> </u>
		BOUND FOR BIMIN	N, LLC	
			Firm/Company	
		5760 SURREY CIRC	CLE EAST	
			Address	
		DAVIE, FLORIDA 33	3331	
		horsleye@bellsouth.	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	rther information co	ncerning this matter, please ca	all:	
Erne	est W. Horsley		954 347-1514	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for the	e following amount:		
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy

MAILING ADDRESS: 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

TO ARTICLES OF ORGANIZATION OF

LIH 77 ACRES, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company L04000046785 Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab BOUND FOR BIMINI, LLC	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18331 Pines Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Suite 262
Frincipal office address MUST BE A STREET ADDRESS)	Pembroke Pines, Florida 33029
Enter new mailing address, if applicable:	18331 Pines Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	Suite 262
MARINE HOLD CONTENT DE TET DE	Pembroke Pines, Florida 33029
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chai	nging Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JASON J. HORSLEY	3592 S.W. 180TH WAY	
		MIRAMAR, FLORIDA 33029	☐ Remove
***************************************			U Add
			□ Remove
			Remove
			≅: □ Remove
			E D-Add
			
			□ Remove
			Remove
			-

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fective da	ate must be s	pecific, canno		ate of receipt	or filed date a	and cannot be mor	(optional) re than 90 days after
fective da ate this do JUL	ate must be s cument is fi	pecific, canno		ate of receipt	or filed date a	and cannot be mor	
ffective da ate this do	ate must be s cument is fi	pecific, canno	ot be prior to d	ate of receipt ent of State)	or filed date a	and cannot be mor	

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