

LO40000 40318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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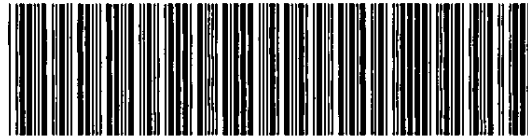
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BISCAYNE SHORES DEVELOPMENT GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH R. COLLETTI

Name of Person

JOSEPH R. COLLETTI, P.A.

Firm/Company

4770 Biscayne Boulevard, Suite 1400

Address

Miami FL 33137

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH R. COLLETTI

at (305) 576-2600

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

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

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

BISCAYNE SHORES DEVELOPMENT GROUP 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 6/18/2008 and assigned
Florida document number L04000060318.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4800 Linton Boulevard, Suite F-107

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach FL 33445

Enter new mailing address, if applicable:

4800 Linton Boulevard, Suite F-107

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach FL 33445

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:

JOSEPH R. COLLETTI, P.A.

New Registered Office Address:

4770 Biscayne Boulevard, Suite 1400

Enter Florida street address

Miami

Florida 33137

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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> |
|--------------|-------------------|----------------------------|--|
| MGR | TIMOTHY J. KEEGAN | 11111 Biscayne Boulevard | <input type="checkbox"/> Add |
| | | Tower III, Suite 1758 | <input checked="" type="checkbox"/> Remove |
| | | North Miami FL 33181 | <input type="checkbox"/> Change |
| MGR | EDEED BEN-JOSEF | 19333 Collins Avenue | <input type="checkbox"/> Add |
| | | Unit 1904 | <input type="checkbox"/> Remove |
| | | Sunny Isles Beach FL 33160 | <input checked="" type="checkbox"/> Change |
| MGR | RONIT NEUMAN | 4800 Linton Boulevard | <input checked="" type="checkbox"/> Add |
| | | Unit F-107 | <input type="checkbox"/> Remove |
| | | Delray Beach FL 33445 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 18, 2015

Typed or printed name of signee

15 JUL 28 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA