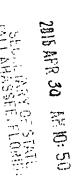
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K. SALY EXAMINER MAY -1 2015

THE STATE OF THE PROPERTY OF THE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 611551 11504A

AUTHORIZATION

COST LIMIT ://\$\sum_25.00

ORDER DATE : April 30, 2015

ORDER TIME : 9:35 AM

ORDER NO. : 611551-005

CUSTOMER NO: 11504A

DOMESTIC AMENDMENT FILING

NAME: C AND D PROPERTY MANAGEMENT,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS:

COVER LETTER

	gistration Se vision of Cor			·
ann mar		PROPERTY MANAGEMEN	T, LLC	
SUBJECT:		Name of Lir	mited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	n all correspo	ndence concerning this matter	r to the following:	•
	•	MARK S. GRAND, ESQ		
			Name of Person	
		GRAND & GRAND, P.A	Name of Limited Liability Company ant and fee(s) are submitted for filing. Incerning this matter to the following: K. S. GRAND, ESQ. Name of Person ND & GRAND, P.A. Firm/Company Sheridan Street Address wood, FL 33021 City/State and Zip Code ttab@yahoo.com E-mail address: (to be used for future annual report notification) this matter, please call: at (
				
		4010 Sheridan Street		
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
	GRAND & GRAND, P.A. Firm/Company 4010 Sheridan Street Address Hollywood, FL 33021 City/State and Zip Code charlesittab@yahoo.com E-mail address: (to be used for future annual report notification) ser information concerning this matter, please call:			
For further in	nformation co		•	cation)
Donna		· .	954 989-2889	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:	ŧ	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 APR 30 AM 10: 5
ATTY MADE S

Zip Code

		AM 10:50
C AND D PROPERTY MANAGEMENT, LLC	7217	Coll Maria
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	MASSEE, FISTAIC
•	11/02/2004	
The Articles of Organization for this Limited Liability Company	were filed on 11/02/2004	and assigned
Florida document number L04000079279		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e 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 off registered agent and/or the new registered office address here		er the name of the nev
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 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.

City

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: FILED MGR = Manager 2015 APR 30 AH 10: 50 Type of Action AMBR = Authorized Member <u>Title</u> Name Address MGR SHLOMO D'JAMAL 423 Front Street Key West, Florida 33040 _□ Remove MGR -CHARLES ITTAH 423 Front Street ■ Add Key West, Florida 33040 □ Remove _□ Change MGR URI GAMAL 423 Front Street **■** Add Key West, Florida 33040 ☐ Remove □ Change MGR DANIEL BENLULU 423 Front Street ■ Add Key West, Florida 33040 □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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