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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 10 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNIT #1112 REGENT BAL HARBOUR, 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:

BRIAN E. PORT  
(Name of Person)

FROMBERG, PERLOW & KORNIK, PA  
(Firm/Company)

18901 N.E. 29 AVENUE, SUITE 100  
(Address)

AVENTURA, FL 33180  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIAN E. PORT at ( 305 ) 933-2000  
(Name of Person) (Area Code & Daytime Telephone 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)

**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**

UNIT #1112 REGENT BAL HARBOUR, 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 12/10/2004 and assigned  
Florida document number L04000089465.

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

**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: DADE COUNTY CORPORATE AGENTS INC  
New Registered Office Address: 18901 N.E. 29 AVENUE, SUITE 100  
(Enter Florida street address)  
AVENTURA, Florida 33180  
(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 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)

BRIAN DORR, ASST VP

\* If amending the Managers or Managing Membership 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>
MGR	IGOR ANANSIKH	21200 NE 25 COURT MIAMI, FLORIDA 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LORN LEITMAN	8660 W. FLAGLER STREET, #200 MIAMI, FLORIDA 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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.)*

The mailing and principal address is hereby changed to

21200 NE 25 COURT, MIAMI, FLORIDA 33180

Dated APRIL 8, 2008

Signature of a member or authorized representative of a member

BRIAN E. PORT -AUTH. REP.

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA