105000015598

Office Use Only



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COVER LETTER

TO: Registration S Division of Co		
HALLAN SUBJECT:	DALE VILLAGE, L.L.C.	
SUBJECT,	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	James W. Govin	
	Name of Person	
	Hermann & Govin	
	Firm/Company	
	134 S. Dixie Hwy, Suite 100	
	Address	
	Hallandale Beach, FL 33009	
	City/State and Zip Code	
	jgovin@hg-law.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
James W. Govin	786 206-7995 	
Name	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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**

2017 STATEL
, 35,6 - 1 -
WITATE AMERICAN PM 2: 39
TOSET FINAL

HALLANDALE VILLAGE, L.L.C.

(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 I Florida document number L05000015598	Liability Company	were filed on $\frac{02/11}{2}$	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here	: :		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	134 S. Dixie Hwy			
(Principal office address MUST BE A STRE		Suite 208			
		Hallandale Beach, FL 33009			
Enter new mailing address, if applicable:		134 S. Dixie Hwy			
Mailing address MAY BE A POST OFFICE BOX)		Suite 208			
		Hallandale Beach, FL 33009			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	/or registered o ffice address her	ffice address on o e:	our records, enter the name of the ne		
<u> </u>	134 S. Divie H	wy. SUITE 100			
New Registered Office Address:	154 5. DIXIC 11	<u></u>	street address		
	Hallandale Bea	ch	Florida 33009		
			, r iorida = * * * * * * * * * * * * * * * * * *		

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
AMBR	JASH ENTERPRISES, INC.	640 North Island Drive	
		Golden Beach, FL 33160	■ Remove
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in effective date i	f other than the slisted, the date mu	st be specific and	cannot be prio	r to date of filing	g or more than 9	(optiona 0 davs after fili	ng.) Pursuant to	605.0207
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The 90th da	ifies a delayed y after the rec	ord is filed.	iate, but no	ot an errecti	ive time, at	12:01 a.m	i. on the ea	rlier of:
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August 29	_		2017					
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		Signature of a r	nember or auth	orized represen	tative of a mem	ber		-
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lamue	Govin, Authorize	d Representati	va.					

Page 3 of 3

Filing Fee: \$25.00