Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000268493 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet."

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: SIMON & SIGALOS, LL Account Name

Account Number : I19990000176 Phone (561)447-0017

Fax Number (561) 447-0018

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG-RESIGN 3839 PORTICOS, LLC

Certificate of Status	0
Certified Copy	0 7
Page Count	0
Estimated Charge	\$25.00

(((H11000268493 3)))

Electronic Filing Menu

Corporate Filing Menu

Help

, (((H11000268493 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

33839 Portio	cos, LLC	***		
(Name of the Limited Liability Company (A Florida Limited Lie	v as it now appe	ars on our records.)		
(**************************************	artiful Company	, , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability Company v	vere filed on	January 16, 200	7 and assigned	
Florida document numberL0700006689		•		
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited liabil	ity company h	ere;		
		· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Com	pany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:		·	2 6 3	
(Principal office address MUST BE A STREET ADDRESS)		,	A	
		<u> </u>	AS	
			338 7	
Enter new mailing address, if applicable:			- 19 € 111	
(Mailing address MAY BE A POST OFFICE BOX)				
			DE 3	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Tiem (registered Office Address):	Enter Flòrida street address			
		, Florida		
	City	, r.o. ida	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 us 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; Situature of New Registered Agent

If amending the Managers or Managing Members 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

Title	<u>Name</u>	Address	Type of Action
MGRM	Anastasios T. Spyredes	3839 NW Boca Raton Blvd. Suite 100	Adá
		Boca Raton, FL 33431	
			Add
			Remove
			P*** A 1 1
			Add Remove
		<u> </u>	·-
			Add Remove
		-	
		<u> </u>	Add
			Remove
			,
•			Add
D. Ifamen	ding any other information, ente	r change(s) here: (Attach additional shëets, i	france and
		· viiange(s) seedi (Aliden udditional Sheess, (riecessary.)
			1,000
_			
•		• •	NAME STORY OF STORY
Dated	November 9	2011	FLOR STA
		115	STATE LORIDA
	Signature of a	member or authorized representative of a member	
		Michael W. Simon Typed or printed name of signee	·····
		A Luman mana a. n.Busa	

Page 2 of 2

Filing Fee: \$25.00

(((H11000268493 3)))