L07000039390

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
. PICK-UP WAIT MAIL							
. (Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							
,							

Office Use Only



400172008624

03/16/10--01028--007 **25.00

DIVISION OF CORPORATIONS

10 MAR 16 AM 19 20

T. HAMPTON
MAR 1 7 2010
EXAMINER

COVER LETTER

10; ,	Division of Cor						
CHD IE	CT.	CENTAM F	PARTNERS, LLC				
SUBJE	CT:	·	ted Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		VALERIE DUCH					
			Name of Person				
	CENTAM PARTNERS, LLC						
	Firm/Company						
	1995 E. OAKLAND PARK BLVD., SUITE 200						
	Address						
	FORT LAUDERDALE, FL 33306						
	City/State and Zip Code						
	BRIAN@COSTARICAFORME.COM E-mail address: (to be used for future annual report notification)						
For fur	ther information	concerning this matter, please c	call:				
		LERIE DUCH	at (_954_) 630-1801				
	Name o	of Person	Area Code & Daytime Telephone Number				
Enclose	ed is a check for t	he following amount:					
 ▼ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	;d)			
	Regist Divisi P.O. E	ANG ADDRESS: ration Section on of Corporations tox 6327 assee, 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

CENTAM PAR	TNERS, LLC		···
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	04/12/2007	and assigned
Florida document number <u>L07000039390</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> ;	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compar	ny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		· ·	O VISE
			S SS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
2015	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	3 39
			
B. If amending the registered agent and/or registered of	fice address on o	ur records, <u>enter tl</u>	ne name of Spellnev
registered agent and/or the new registered office address here	2:		5
Name of New Registered Agent:	***	,	
New Registered Office Address:			
	Ent	er Florida street addr	ress
		. Florida	
	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

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 Type of Action Title <u>Name</u> **Address MGR** MICHAEL STARKEY 1995 E. OAKLAND PARK BLVD. ✓ Add ☐ Remove SUITE 200 FORT LAUDERDALE, FL 33306 MGR **ED SKLAR** 1995 E. OAKLAND PARK BLVD **✓** Add ☐ Remove SUITE 200 FORT LAUDERDALE, FL 33306 _ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

BRIAN ALBURY

Filing Fee: \$25.00