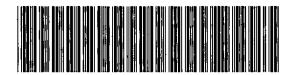
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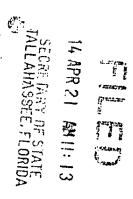
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COVER LETTER

TO:

Registration Section **Division of Corporations**

DAVIE LEASE-HOLD VENTURES, 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:

JOHN T. LOOS, JR.

DAVIE LEASE- HOLD VENTURES, LLC

Firm/Company

1815 CORDOVA ROAD, SUITE 210

FORT LAUDERDALE, FL 33316

City/State and Zip Code

annualreports@firstlauderdale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEGAN A. RAMOS

at (954) 522-4500

Area Code Daytime Telephone Number

Name of Person

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

DAVIE LEASE-HOLD VENTURES, 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 MAY 21, 2007	and assigne	жd
Florida document number L07000053924			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
DAVIE VENTURES, LLC			
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P.O. BOX 22478		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33335	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of 14 AP	the new
Name of New Registered Agent:		- 本語 - 70 - 10	(27) Barra
New Registered Office Address:	Enter Florida street address . Florida	A OF SI	
	City	Zip Code_	J.
New Registered Agent's Signature, if changing Registered Agent:		Σ ^m ω	

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
.			
			Remove
	<u>·</u>	· · · · · · · · · · · · · · · · · · ·	Add
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			14 ABOR 21 SECRETARY ALLAHASSE
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	If amending a	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
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		must be spe		rior to date of rec		and cannot be more	(optional) than 90 days after
	Dated APR	IL 8		20	14)		
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			Signat	ure of a member	or authorized re	presentative of a m	ember
	JC	DHN/T	. Loós,	JR.			
				Typed	or printed name	of signee	1 1170/21

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
MALLAHASSEE, FLORIDA