

L07000115644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
NOV 20 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REITMAN FAMILY HOLDINGS 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:

FREDERIC R. REITMAN, MD

Name of Person

Firm/Company

333 LAS OLAS WAY #3210

Address

FORT LAUDERDALE, FL 33301-2390

City/State and Zip Code

FREDREITMAN@GMAIL.COM

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

For further information concerning this matter, please call:

FREDERIC R. REITMAN, MD

at ( 561 ) 302-7955

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**REITMAN FAMILY HOLDINGS 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 11/16/2007 and assigned Florida document number L07000115644.

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."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

333 LAS OLAS WAY #3210

FORT LAUDERDALE, FL 33301-2390

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

333 LAS OLAS WAY #3210

FORT LAUDERDALE, FL 33301-2390

**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:

New Registered Office Address:

333 LAS OLAS WAY #3210

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida 33301-2390

*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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FREDERIC R. REITMAN	2332 S. Ocean Blvd.	<input type="checkbox"/> Add
		Highland Beach, FL 33487-1808	<input checked="" type="checkbox"/> Remove
MGRM	FREDERIC R. REITMAN	333 Las Olas Way #3210	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301-2390	<input type="checkbox"/> Remove
MGRM	BARBARA L. REITMAN	2332 S. Ocean Blvd.	<input type="checkbox"/> Add
		Highland Beach, FL 33487-1808	<input checked="" type="checkbox"/> Remove
MGRM	BARBARA L. REITMAN	333 Las Olas Way #3210	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301-2390	<input checked="" type="checkbox"/> Remove
AMBR	Shayna Reitman Salganov	333 Las Olas Way #3004	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301-2390	<input type="checkbox"/> Remove
AMBR	Brent M. Reitman	350 SE 2nd Street #2450	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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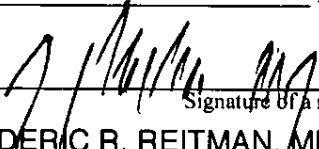
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 1, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
FREDERIC R. REITMAN, MD  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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