Division of Corporations

Electronic Filing Cover Sheet

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.

(((H16000266089 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

Fax Number

: (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144

: (305)520-2344

Phone Fax Number

: (305)520-2400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fwair	Address	·	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C/CM LEJEUNE, LLC

THE PROPERTY OF PERSONS ASSESSMENT OF THE PERSON OF THE PE	and the same of
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 28 2016

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

Division of Co				
C/CM LEJ	EUNE, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Kolleen O.P. Cobb			
		Name of Person		→ ₹
	Florida East Coast Industr	ies, LLC		on <u> </u>
		Firm/Company		T N
	2855 Le Jeune Road., 4th	Floor		1
		Address	A-18-8-14-14-14-14-14-14-14-14-14-14-14-14-14-	
	Coral Gables, FL 33134			OCT 27 AMII: 54
	kolleen.cobb@feci.com	City/State and Zip Code		* 5
		to be used for future annual report notif	ication)	
For further information of	oncerning this matter, please c	all:		
Brenda Johnson		305 5202427		
Name o	f Person		Telephone Number	
Enclosed is a check for t	he 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 State Certified Copy (additional copy is end	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C/CM LEJEUNE, LLC	Ampreny as it naw appropri on our bosseds)	 -	
(A Florida Lin	ompany as it new appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/27/2007	_ and assigr	ned
Florida document number L07000127373			
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 contain the words "Limited	Liability Company," the designation "LLC" or the abbrev	viation T.L.C.C	32 E
Enter new principal offices address, if applicable:		9	53
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>	<u></u>	<u> </u>
		.7	
		A.	3.4c
Enter new mailing address, if applicable:			0
(Mailing address MAY BE A POST OFFICE BOX)		2	200
B. If amending the registered agent and/or registere	ed office address on our records, enter the	name of	the nev
registered agent and/or the new registered office address			
N ON D San NA			
Name of New Registered Agent:			
New Registered Office Address:		·	
	Enter Florida street address		
· .	, Florida	Zip Code	
New Designation of Association of the State	•	zip Code	
New Registered Agent's Signature, if changing Registered Ag	·		
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further agree	to comply:	with the

If Changing Registered Agent, Signature of New Registered Agent

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 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
VP	Marshall Bruce Snyder	2855 Le Jeune Road., 4th Fl, Coral Gubles, FL	<i>33134</i> ■ Add
			☐ Remove
			☐ Change
			□ Add
,			Remove ALC
			6 OCHERASSE
·+			unag_ mo
			,-
			□ Change
			Add
			□ Remove
			Change

			Change
ATT AND THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND A			D Remove
			Cl Change

-		_		
,-	r	o	m	

		1.2 m

A-1-11		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Marie 11 program of the Strategy of the Strate
		A STATE OF THE STA
		क
		000
		27
		3
e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory fill partment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed as
record specifies a delayed he 90th day after the reco		time, at 12:01 a.m. on the earlier o
October 26	2016	
	1 - 2-11	

Page 3 of 3

Filing Fee: \$25.00