

LD80000/2662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

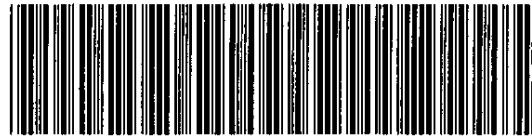
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200130521782

06/02/08--01006--019 **25.00

FILED
08 JUN -2 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Extraordinary Properties, 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:

HOWARD MOFSEN
(Name of Person)
PINUTEVSKY & MOFSEN CPA
(Firm/Company)
9728 W SAMPLE RD
(Address)
Cord Springs FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

HOWARD MOFSEN at (754) 753-3545
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
08 JUN -2 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Florida Extraordinary Properties 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 2-5-08 and assigned
Florida document number L08000012662.

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."

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:

Barbara Schapiro

New Registered Office Address:

5507 N Military Trail

(Enter Florida street address)

Boca Raton

(City)

, Florida

33434

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Debbie Berman	9728 W SAMPLE RD CORAL SPRINGS FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Debby V. Berman	5507 N Military Trail #415 Boca Raton FL 33496	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BARBARA SCHAPIRO	same as above 5507 N Military Trail #415 Boca Raton, FL 33434	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
08 JUN -2 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 5/30/08

X Debby V. Berman
Signature of a member or authorized representative of a member

Debby V. Berman
Typed or printed name of signee