

L08000059218

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GWP Aventura Land, 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:

Brian J. Pappas

Name of Person

Firm/Company

63 Oceanside Drive

Address

Palm Coast, FL 32137

City/State and Zip Code

bplegal@live.com

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

For further information concerning this matter, please call:

Brian J. Pappas

Name of Person

at (850) 321-3837

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

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

FILED

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GWP Aventura Land, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 16, 2008 and assigned Florida document number L08000059218.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IHS Aventura Land, LLC

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)

63 Oceanside Drive

Palm Coast, Florida 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 861173

St. Augustine, Florida 32086

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:

Brian J. Pappas

New Registered Office Address:

63 Oceanside Drive

Enter Florida street address

Palm Coast

City

Florida

32137

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	Brian J. Pappas	63 Oceanside Drive Palm Coast, Florida 32137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	David Garfinkle	95 Merrick Way, Suite 380 Coral Gables, Florida 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Adam Pollock	95 Merrick Way, Suite 380 Coral Gables, Florida 3313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Chris Coots	Two South Biscayne Blvd. # 2630 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Didier Choukroun	Two South Biscayne Blvd. # 2630 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" 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.)

Dated June 15, 2010

Signature of a member or authorized representative of a member

Adam Pollock

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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