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SECRETARY OF STATE

COVER LETTER

TO: Registration Section . **Division of Corporations** BAL HARBOUR #1, LLC SUBJECT: 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:

Jay Phillip Parker, Esq.

Name of Person

Clear Title Group, LLC

Firm/Company

1691 Michigan Avenue, Suite 320

Address

Miami Beach, FL 33139

City/State and Zip Code

fyawer@cleartitlegroup.com

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

For further information concerning this matter, please call:

Jay Phillip Parker, Esq.

at (Nea 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

OF

ARTICLES OF ORGANIZATION 2013 JUL 16 PM 12: 54

SECRETARY OF STATE FALLAHASSEE, FUORIDA

FILED

		1 1-13-1-1	
	BAL HARBOUR #1, LLC		
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
(A)	Florida Limited Liability Company)		
The Articles of Organization for this Limited Lia	ability Company were filed on	08/01/2008	and assigned
Florida document number L08000074			
Torida document number	<u> </u>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
	"		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I			
mauing address MAI BE A FOST OFFICE E			·
B. If amending the registered agent and/o	r registered office address on ou	r records, enter th	e name of the new
registered agent and/or the new registered off		enter th	c name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street addre	ess
		, Florida	
	City	, rioriua	7in Coda

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 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 **Title** Name **Address Type of Action** R. Lee Krelstein, Jr. 1691 Michigan Avenue, Suite 320 MGR Miami Beach, FL 33139 Remove Remove Remove Add

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	C	Signature of a mambar	or authorized represer	atativa of a mambar	
		-	MANA WEAT		

Page 3 of 3

Filing Fee: \$25.00

