

2001/003 Page 1 of 1

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.

(((H11000196571 3)))



H110001985713ABC+

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 : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : 120010000025 Phone : (305)935-3500 Fax Number : (305)935-9042

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

Email Address:

RECEIVED

II AUG -L PM 12: 27

SECRETARY OF STATE
ALLAHASSEE. FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTERLINE VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED

11 AUG -4 AM 8: 19

SECRETARY OF STATE
FALL AHASSEF, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

AUG -5 2011



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTERLINE VENTURES, 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 ____ 09/03/2008 and assigned Florida document number <u>L08000083951</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name. registered agent and/or the new registered office address here: Name of New Registered Agent:

New Resistered Asent's Signature if changing Resistered Acent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Simeture of New Registered Agent

Enter Florida street address

Florida

Zip Code

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

7.1fte	Name	Address	Type of Action	
MGRM	CRAIG 8. PERRY	825 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071 US	Add Remove	
MGRM	ROBERT B. STIEGELE, JR.	625 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071 US	Add Remove	
MGR_	CRAIG PERRY	825 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071 US	X Add Remove	
MGR	ROBERT B. STIEGELE, JR.	825 CORAL RIDGE DRIVE CORAL SPRINGS FL 33071 US	_X Add Remove	
			Add Remove 	
			Add Remove	
D. If amendid	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	F II AUG:	
			ILED HASSEE, FLU	
	8,2 2011		F STATE FLORID	
Dated		authorized representative of a member	<u>-</u>	
		PERRY, Manager		
Typed or printed name of signee				
Page 2 of 2				

Filing Fee: \$25.00