

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : STEINBERG GARELLEK P.L.

Account Number : I20110000015 Phone : (561)391-3344

Fax Number : (561)948~4713

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

Email Address: Harrise Kolawyers Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAJORI PROPERTIES, LLC

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ALLAMASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

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2015 NOV 12 AN ID: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Maiori Properties, LLC			
(Name of the Lim	ted Liability Compe (A Floride Limited	ny as it now appears on ou hisbility Company)	r records.)
The Articles of Organization for this Limited I Florida document number L08000103389	Liability Company	were filed on 11/05/201	08 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Lishi	lity Company " the designati	ion "LLC" of the approviation "L.L.C."
-		3582 Ensign Circle	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Delray Beach, Fl. 334	33
		·	
Enter new mailing address, if applicable:		3582 Ensign Circle	**************************************
(Mailing address MAY BE A POST OFFICE BOX)		Delray Beach, Fl. 33483	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	Michael Harris		
New Registered Office Address:	200 East Palmo	etto Park Road, Suite 103	
		Enter Florida stre	et address
	Boca Raton	·	, Florida <u>3343,2</u>
		City	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 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 Changing Registered Agent, Signature of New Registered Agent

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11/12/2015 00:37 5619103080

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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 = Anthorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yifat Silvestri	3582 Ensign Circle	■ Add
		Delray Beach, Fl., 33483	Remove
			Change
MGR Luigi Silvestri	Luigi Silvestri	3582 Ensign Circle	Add
		Delray Beach, Fl., 33483	■ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·		DAdd	
			□ Remove
			☐ Change
		Add	
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			☐ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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·	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot to 605,0207 (3)(b) be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	earlier of:
Dated November 10 , 2015	
Signature of a member or authorized representative of a member Yifat Silvestri	

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Filing Fee: \$25.00