

LD9000003913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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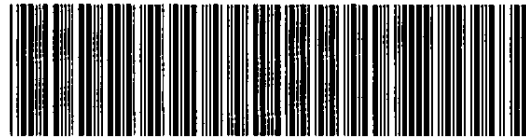
(Business Entity Name)

(Document Number)

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10 JUL 12 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. G.

JUL 13 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD CAY 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:

Michael I. Goldberg

Name of Person

Akerman Senterfitt

Firm/Company

350 E. Las Olas Blvd. #1600

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

hgassenheimer@bermanmortgageinfo.com

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

For further information concerning this matter, please call:

Hal Gassenheimer

Name of Person

at (305)

603-9465

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MAMC EMERALD CAY LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 12, 2009 and assigned
Florida document number L09000003913.

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:

3400 Coral Way #303

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33145

Enter new mailing address, if applicable:

3400 Coral Way #303

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33145

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:

Michael I. Goldberg

New Registered Office Address:

350 E. Las Olas Blvd. #1600

Enter Florida street address

Ft. Lauderdale

Florida

33301

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 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

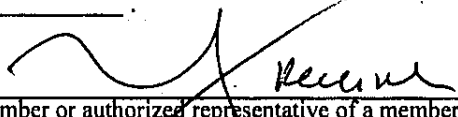
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MAMC INC	3250 Mary Street #402 Cocnut Grove, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MAMC INCORPORATED	3400 Coral Way #303 Miami, FL 33145	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 TALLAHASSEE, FLORIDA

Dated _____



 Signature of a member or authorized representative of a member

 Typed or printed name of signee