

L09000024126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200171466382

03/08/10--01052--018 \*\*30.00

FILED  
10 MAR -8 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 9 2010

EXAMINER

**ROBERT H. ASCHHEIM**  
**Attorney At Law**  
**18851 Northeast 29 Avenue**  
**Suite 1010**  
**Aventura FL 33180**

telephone (305) 937- 0051

facsimile (305) 937- 4797

March 4, 2010

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee FL 32314

Re. Document No. L09000024126

Madam or Sir:

Enclosed are Articles of Amendment To Articles Of Organization Of Fairways 2-215 LLC and my check in the amount of \$30.00.

Kindly file same and return a Certificate of Status to the undersigned. Thank you.

Sincerely,  


Robert H. Aschheim

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**FAIRWAYS 2-215 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 03/11/2009 and assigned

Florida document number L09000024126

**This amendment is submitted to amend the following:**

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

FAIRWAYS HOLDINGS 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)**

**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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
*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

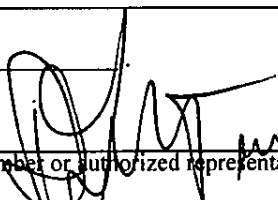
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
10 MAR 8 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

DAVID GENET, MANAGER

Typed or printed name of signee