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2009 APR 20 PM 3: 21
SECRETARY OF STATE

C. LEWIS

APR 2 1 2009

EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corneration

SUBJECT: 1045 NORTH SHORE DRIVE, L.L.C.

(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:

SARI ADDICOTT	
(Name of Person)	
ADDICOTT & ADDICOTT PA	
(Firm/Company)	
900 N. FEDERAL HIGHWAY SUITE 201 (Address)	
HALLANDALE BEACH, FL. 33009	
(City/State and Zip Code)	
cerning this matter, please call:	

For further information con

SARI ADDICOTT

(Name of Person)

at (954) 454-2605 (Area 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 ARTICLES OF ORGANIZATION: OF

FILED

2009 APR 20 PM 3: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

1045 NORTH SHORE DRIVE, L.L.C.

(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 MARC	H 23, 2009 and assigned
Florida document number L09000027720	.	
This amendment is submitted to amend the following:		.·
A. If amending name, enter the new name of the lin	nited liability company here:	
23 SAMANA DR, L.L.C.		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company.	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:	AV	
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 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> Type of Action Name Address ☐ Add Remove ☐ Add Remove Add Remove Add Remove ┌**┐** Add Remove 🗖 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ of a member or authorized representative of a member SÁRI T. ADDICOTT, ESQ. Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00