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SECRETARY OF STATE
AND ANASSEE, FLORID

BRIAN C. PERLIN, P.A.

Making a difference one family at a time

Brian C. Perlin, Esquire

Florida Bar Certified Specialist, Wills, Trusts & Estates Florida Certified Public Accountant CERTIFIED FINANCIAL PLANNERTM

201 Alhambra Circle, Suite 503, Coral Gables, FL 33134 Phone: 305-443-3104 | Fax: 305-443-0106 brian@perlinestateplanning.com

FedEx Tracking No.: 772416504350

December 30, 2014

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Dear Sir or Madam,

Enclosed please find the following:

- Form for filing Articles of Amendment to amend the articles of organization of CLP 4700 NW 15 CT LLC, a Florida Limited Liability Company,
- Check in the amount of \$60.00 representing the filing fee for above LLC,
- Form for filing Articles of Amendment to amend the articles of incorporation of CLP Investments Management Inc., a Florida Profit Corporation,
- Check in the amount of \$52.50 representing the filing fee for above corporation,
- Form for filing Articles of Amendment to amend the articles of incorporation of Clean Living Properties, Inc., a Florida Profit Corporation, and
- Check in the amount of \$52.50 representing the filing fee for above corporation.

Please contact our office should you have any questions about this letter.

Very truly yours,

Brian C. Perlin

BCP/dm Enclosures

{00084361.DOC;1}

COVER LETTER

CLP 4700 SUBJECT:	0 NW 15 CT LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Brian C. Perlin
	Name of Person
	The Law Office of Brian C. Perlin, P.A.
	Firm/Company
	201 Alhambra Circle, Suite 503
	Address
	Coral Gables, Florida 33134
	City/State and Zip Code
	Brian@perlinestateplanning.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Heidi Whitford	at () Area Code Daytime Telephone Number
Name of	f Person at () Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

CLP 4700 NW 15 CT, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited L. Florida document number L10000020148	iability Company	were filed on 02	/23/2010	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	oility company he	<u>re</u> :	
N/A				_
The new name must be distinguishable and end with the	words "Limited Liab	bility Company," the o	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		100
(Principal office address MUST BE A STREE	ET ADDRESS)			CC L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(<u>BOX)</u>	N/A		TO THE STATE OF TH
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			our records, ente	r the name of the nev
Name of New Registered Agent:	Brian C. Pe	erlin		
New Registered Office Address:	201 Alhami	bra Circle, Suite	∋ 503	
		Enter Flori	ida street address	<u> </u>
	Coral Gable	es	, Florida <u>3</u>	33134
		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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR	Michael S. Liberman	844 Belle Meade Island Drive,	
		Miami, Florida 33138	■ Remove
MGR	Heidi Whitford	844 Belle Meade Island Drive,	A dd
		Miami, Florida 33138	Remove
			TALLAHA PARANGA
			A Remove A SECTION OF STANDARD AND STANDARD
			Remove
			□ Add
			Remove

N/	A
_	
	e date, if other than the date of filing:
Dated D	ecember 31 2014
	Ghi I' HAMAN
	geen wy geele
	Signature of a member drauthorized representative of a member Heidi Whitford, Personal Representative of the Estate of Michael S. Liberman

Page 3 of 3

Filing Fee: \$25.00

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