

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H10000157978 3)))



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

C VESKOVSK/

Account Name : TRIPP SCOTT, P.A. Account Number: 075350000065

: (954)525-7500 Phone

Fax Number : (954)761-8475

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

Email Address: CBV@ TRIPRSCOTT, COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1162 MILITARY TRAIL, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

10 JUL -9 AM 8: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1162 MIL	<u>ITARY TRAIL, LL</u>	C;		
(Name of the Limited Liability (A Florida L	imited Liability Company)	irs on our records.)	·,	
The Articles of Organization for this Limited Liability Co	ompany were filed on	April 6, 2010	and assigned	
	<b>-</b> •			
his amendment is submitted to amend the following:			•	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company he	re;		
he new name must be distinguishable and end with the word L.L.C."	s "Limited Liability Comp	any," the designation "L	LC" or the abbreviatio	
Inter new principal offices address, if applicable:		1	·	
Principal office address MUST BE A STREET ADDRI	<u> </u>			
ater new mailing address, if applicable:	<del> </del>			
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		· <u> </u>		
. If amending the registered agent and/or registe egistered agent and/or the new registered office addre	red office address on o	our records, enter th	e name of the nev	
	•			
Name of New Registered Agent:		!		
New Registered Office Address:				
	En	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 filled 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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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

Title	Name	Address	Type of Action		
MGRM	ROBERT ROSEN	110 SE 6TH ST 15TH FLOOR FT LAUDERDALE FL 33301 US	Add Remove		
<u>MGRM</u>	JENNIFER BORGES	110 SE 6TH ST 15TH FLOOR FT LAUDERDALE FL 33301 US	Add Remove		
	:		Add Romove 		
			Add Ramove		
			Add Remove		
	<u> </u>		Add Removes		
D. If amending	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	FILED  JUL -9 AM  CRETARY OF  L'AHASSEE, F		
			AM 8: 35 OF STATE OF FLORIDA		
		. 1	- X		
Dated	Tarthing representive				
Signature of automber or authorized representative of a member  MATTHEW ZIFRONY, AUTHORIZED REPRESENTATIVE  Typed or printed name of signee					

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Filing Fee: \$25.00