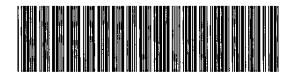
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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Division of	n Section Corporations				
CLID FE	Fort L	auderdale Manager, LLC				
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all corre	espondence concerning this matter	to the following:			
		Arthur J. Halleran, J	г.			
			Name of Person			
		Fort Lauderdale Ma	nager, LLC			
Firm/Company						
		1000 5th Street, Sui	te 223			
		A	Address			
		Miami Beach, Florid	a 33139			
			City/State and Zip Code			
		arthur@queensfortca	-			
		E-mail address: (to be used for future annual report notif	fication)		
For furth	ner informatio	on concerning this matter, please c	all:			•
Arthur	Halleran		305 424-4444 at ()			
	Nar	ne of Person	Area Code Daytime	e Telephone Number		
Enclosed	i is a check fo	or the following amount:				**************************************
\$25.	00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Fort Lauderdale Manager, I		
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L1000083711 This amendment is submitted to amend the follo	ability Company were filed on 08/10/2010	and assigned
	•	
A. If amending name, <u>enter the new name of</u>	the limited liability company nere:	
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 applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, g	enter the name of the new
		3.0
Name of New Registered Agent:	Arthur J. Halleran, JR.	14.
New Registered Office Address:	1000 5th Street, Suite 223	
TYPN INCLUSION OF THE COST.	Enter Florida street address	SS
	Miami Beach , Flori	da 33189 😤 📉
	City	Eip Code
New Registered Agent's Signature, if changing F		
provisions of all statutes relative to the prope accept the obligations of my position as regi	d agent and agree to act in this capacity. I furth er and complete performance of my duties, and stered agent as provided for in Chapter 605, F.s. registered office address, I hereby confirm that change.	I am familiar with and S. Or, iAhis document is

Page 1 of 3

Changing Registered Agent Senature of New Registered Agent

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

MGR = Manager

ype of Action
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Add T
□ Add
☐ Remove

ive date, if other than the date of filing:(option	
ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days af e this document is filed by the Florida Department of State)	
October 22, 2014.	
The Sutt	
Signature of a member or authorized representative of a member	
Thomas E. Scott	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE