

# L10000087789

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ MAIL

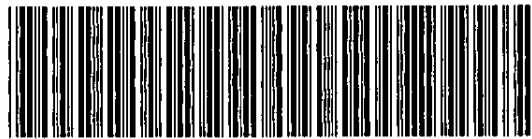
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(Business Entity Name)

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**DATE: 12/31/12**

**NAME: BERMUDA ESTATES, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 60**

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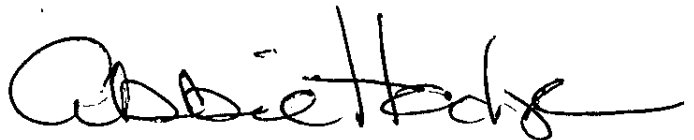
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BERMUDA ESTATES, LLC**  
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:

**ROBERT J. MORIARTY, ESQUIRE**

Name of Person

**Marsh, Moriarty, Ontell & Golder, P.C.**

Firm/Company

**18 TREMONT STREET - SUITE 900**

Address

**BOSTON, MA 02108**

City/State and Zip Code

**RMORIARTY@MMOGLAW.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ROBERT J. MORIARTY, ESQ.** at **617 778-5100**  
Name of Person 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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BERMUDA ESTATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2012 DEC 31 4:19:15  
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/19/2010 and assigned  
Florida document number L10000087789.

This amendment is submitted to amend the following:

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

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)

334 Broadway

Providence, Rhode Island 02909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

334 Broadway

Providence, Rhode Island 02909

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:

Registered Agent Solutions, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee

City

Florida 32301

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.

[Signature] Asst. Secretary  
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>	<u>Type of Action</u>
MGRM	JWC TAGGART CAY LLC	334 Broadway	<input checked="" type="checkbox"/> Add
		Providence, Rhode Island 02909	<input type="checkbox"/> Remove
MGRM	BERMUDA ESTATES MGT., LLC	1515 NORTH FEDERAL HIGHWAY, SUTE 306	<input type="checkbox"/> Add
		BOCA RATON, FLORIDA 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Robert J. Marshall Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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