Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000218282 3)))



H140002182823ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

- 1	$\sim$	٠
	•	

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800

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

: (305)416-6811

Email	Address:
rmall	Address:

RECEIVED
14 SEP 17 AM 8: 50
VISION OF COMPERCION
UREAU OF COMPERCION
NFORMATION SPACIFICAL

## SHANGRI-LA BY THE SEA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge \$25	

SEP 18 2014 J. HARRIS 3054166811

ADAMS GALLINAR PA

PAGE 02/05 (((H14000218282 3)))

## COVER LETTER

TO:

Registration Section **Division of Corporations** 

SHANGRI-LA BY THE SEA, 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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

1000 Brickell Avenue, Suite 300

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

at (305) 416-6800

Area Code Daytime Telephone Number

Name of Person

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

09/17/2014 09:58

3054166811

ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION

SHANGRI-LA BY THE SEA, LLC		
Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) Is Limited Liability Company)	_ <del></del>
The Articles of Organization for this Limited Liability (	Company were filed on 12/07/2010	and assigned
Florida document number L10000125239	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	cza.
KRUEGER PROPERTY HOLDINGS AND I	NVESTMENTS, LLC	NS A
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the	abbreviation L.C.55
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	्राच्या क्रिक्टी म
		10 44
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 ade		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register.	ed 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

(((H14000218282 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:

itle	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
<del></del>			Remove
<del></del>			□ Add
		-	□ Remove
			14 SEP Add
			Remove
			9: 09
			Add
			□ Remove
			□ Add
			☐ Remove

(((H140002182823)))

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
C.	Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated September 17, 2014
	Signature of amount of authorized representative of a member  Robert R. Adams, Esq., Authorized Representative  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00