

APR. 8. 2011 1:22PM
Division of Corporations

61 655 1109

NO 8256 P. 1
Page 1 c

L110000619045

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H11000093106 3)))



H110000931063ABCV

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Ivy Rosenthal
Account Name : BROAD AND CASSEL-WPB
Account Number : I19990000010
Phone : (561) 832-3300
Fax Number : (561) 655-1109

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

Email Address: irosentha1@broadandcassel.com

RECEIVED

11 APR -8 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCHEAR FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

11 APR -8 AM 7:55

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

APR 1. 2011

EXAMINER

36956.0001
<https://efile.sunbiz.org/scripts/efilcovr.exe>

4/8/20

((H11000093106))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SCHEAR FLORIDA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 14, 2011 and assigned
Florida document number L11000019045

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

((H11000093106 3)))

11 APR - 8 AM 7:55

APR. 8. 2011 5:23PM 561 655 1109

NO. 6256 P. 3

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	Walls, Gregg	281 N.E. 32nd Street Fort Lauderdale, FL 33334	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 8, 2011

Signature of a member or authorized representative of a member

William Hickman, Authorized Representative

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

((H11000093106 3)))

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -8 AM 7:55