## 111060 6 26262

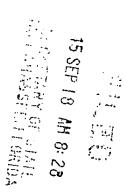
(Re	questor's Name)	<u>_</u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SEP 21 2015 J SHIVERS

## **COVER LETTER**

	gistration Sec vision of Corp				
SUBJECT:	INTREPID	339, LLC			
SOBJECT.	·	Name of Limit	ted Liability Company		
		Amendment and fee(s) are subn	_		
		MEGAN RAMOS			
			Name of Person		
		FIRST LAUDERDALE IN	VESTMENTS		
			Firm/Company		
	1845 CORDOVA ROAD, SUITE 206				
			Address		
		FORT LAUDERDALE, FL	. 33316		
			City/State and Zip Code		
		MRAMOS@FIRSTLAUDE			
		E-mail address: (to	o be used for future annual report notific	cation)	
For further	information co	oncerning this matter, please ca	11:		
LINDA WI	ILLIAMS		954 522-4500 EXT		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTREPID 339, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited I Florida document number L11000020262				and	d assig	ned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the	e abbreviatio	n "L.L.(	 3."
Enter new principal offices address, if applicable:		2801 S FEDERAL HWY				
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33316				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 22478  Fort Lauderdale, FL 33335				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address her		ecords, <u>ent</u>	er the na	me of	the nev
	1910 CORDO	VA ROAD		海 51 Ga と	0	w ist
New Registered Office Address:		Enter Florida street	address	Typ ma The mat		
	FORT LAUDE	ERDALE	, Florida	33316	77	1
		City	, 1 101104	Zip C	Code	54, 5
New Registered Agent's Signature, if changing	Registered Agent:				CØ	
I hereby accept the appointment as register						

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 4 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FIRST LAUDERDALE INVESTMENTS, INC	1845 CORDOVA ROAD	□ Add
		SUITE 206	■ Remove
		FORT LAUDERDALE, FL 33316	□ Change
MGRM FLORIDA LAND INVESTOR'S, INC.	1910 CORDOVA ROAD	<b>B</b> Add	
	FORT LAUDERDALE, FL 33316	□ Remove	
			Change
			□ Remove
		<del></del>	Change
			Add
		☐ Remove	
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			☐ Remove
			Change
			Remove
			Change

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ective date, if other than the date of filing:	(optional)
rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to dete:  If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) os date of filing or more than 90 days after filing) Pursuant to 605.0
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
, SEPTEMBER 9TH 2015	
ted Service 711	·)
, , , , , , , , , , , , , , , , , , , ,	
( 100/2	•
- All-lover	
Signature of a thember or authoriz	zed representative of a member

Page 3 of 3

Filing Fee: \$25.00