

11-APR-04

09:40AM

FROM: Gary, Dytrych &amp; Ryan, P.A.

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : I19990000255  
Phone : (561) 844-3700  
Fax Number : (561) 844-2388

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

Email Address: jhr@gdr-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MUSTAPICK AT STEEPLECHASE, LLC

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TALLAHASSEE, FLORIDA

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B. BOSTICK

APR 7 2011

**COVER LETTER**

(((H11000089620 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MUSTAPICK AT STEEPLECHASE, 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:

**JAMES H. RYAN, ESQ.**

Name of Person

**Gary, Dytrych & Ryan, P.A.**

Firm/Company

**701 U.S. Highway One, Suite 402**

Address

**North Palm Beach, FL 33408**

City/State and Zip Code

**jhr@gdr-law.com**

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

11 APR -6 AM 7:19

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For further information concerning this matter, please call:

**JAMES H. RYAN, ESQ.**

Name of Person

at ( 561 )

**844-3700**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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

(((H11000089620 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MUSTAPICK AT STEEPLECHASE, 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 22, 2011 and assigned Florida document number L11000022559.

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 new 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

If adding 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:

MC Manager  
MC = Managing Member

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Tit	Name	Address	Type of Action
MC	MICHAEL LEIBOWITZ	701 U.S. Highway One, Suite 402 North Palm Beach, FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MC	DREW GILES	4195 MILITARY TRAIL, SUITE 109 JUPITER, FL 33458	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

APRIL 6, 2011

Signature of a member or authorized representative of a member

JAMES H. RYAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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