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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED

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SECRETARY OF STATE

K. SALY JUN - 6 2017

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	REAT EAST Name of Limi	PROPERTIES ited Liability Company	5, LC
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		ARRY To Name of Person	<u></u>
	GREAT EAS	ST PROPERTIES Firm/Company	5,440
	8928 clue	B ESTATES WAY	
	LAKE WOR	TH, FL 3346 City/State and Zip Code	7
	barytob	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
BARRI	J 70 Person	at (954), 701 – Area Code Daytime	2838 Telephone Number
		·	·
Enclosed is a check for the	ne 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:

TO: ' Registration Section

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

ZOIT JUN-5 PH 2: 23

TALLAHASSEE. FLORID.

(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  $\frac{5/6/201/}{201/}$  and assigned Florida document number  $\frac{2/1000053943}{201/}$ 

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2054 VIST WEST PALM &	TA PARKWAY, SUITE Z BEACH, TL 33411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		. Florida

## 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Type of Action** 8928 CLUB ESTATES WAY LAKE WORTH, FL 33467 MARM VIVIAN SUI \_Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change 🖸 Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove

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effective date is listed, the date must be spece: If the date inserted in this block doe	itic and cannot be prior to	date of filing or more th	an 90 days after filing.	) Pursuant to 605.020 will not be listed a
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Filing Fee: \$25.00