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SEUNETARY OF STATE
(ALL AHASSEF FLORIDA

K.SALY EXAMINER APR 16 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vizcaya Gardens LLC Name of Limited Liability Company
in the state of Emiliary Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amit Raz
Name of Person
Firm/Company
471 SW 169th Terrace
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ami + Taz at (954) 822-4052 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

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**

12 APR 13 PM 2: 19

Vizcaya	Gardens	LLC		AMASSEE, FLORIDA
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company were f	iled on 8 -	11-2011	and assigned
Florida document number L 11000092	389	·		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability co	mpany here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Lia	bility Company,"	the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	 -	· • • • • • • • • • • • • • • • • • • •		
F				
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE	<u></u>			
				
B. If amending the registered agent and	or registered office ad	ldress on our r	ecords, enter th	e name of the new
registered agent and/or the new registered o	ffice address nere:			
Name of New Registered Agent:	ABCT ON	E LLC		
New Registered Office Address:	171 W 1612	ith Terro	ree	
		Enter Fl	orida street addre	
	Weston		, Florida3	3326 Zip Code
	City			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 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> Name <u>Address</u> Type of Action Otema LLC M6 RM ABCT ONE LLC MEIZH Pompano ALF LLC MGRM Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Amit Raz
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00