

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SABAL PALM PRESERVATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04 44
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Electronic Filing Menu

Corporate Filing Menu

Help

10/14/2015 10:30:50 AM

Marlene Marsh

PGH-FAX-01.3F4LED Page 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015(PFH1560024586143)))
SECRETARY OF STATES
TALLAHASSEE, FLORIDA

Sabal Palm Preservation, LLC				
(Name of the Limited	Listbility Compa Florida Limited	iny as It now appears on Liability Company)	om records.)	
The Articles of Organization for this Limited Liab Florida document number	allity Company	were filed on Septer	mber 30, 2011 and assigned	
This amendment is submitted to amend the follow	ving:		•	
4. If amending name, <u>enter the new name of t</u>	he limited liab	llity company here:		
		·		
he new name must be distinguishable and contain the wor	ds "Limited Liabl	lity Company," the desig	nation "LL.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4224 Renaissance Preserve Way		
		Fort Myers, FL 33916		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4224 Renaissance Preserve Way Fort Myers, FL 33916		
3. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>o</u> :	or records, enter the name of the n	
THIN OF TOWN TOBIACION TENTS.	100 4 13 4 1 1 1	D		
New Registered Office Address:	4224 Kennisini	nce Preserve Way		
		Enter Florida	s)ract address	
	Fort Myers		. Florida 33916	

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 tipited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

10/14/2015 10:30:52 AM

Marlene Marsh

PGH-FAX-01.3.4 Page 3 ((H15000245861 3)))

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>	Address	Type of Action
VP	David O. Deutch	9400 S. Dadeland Blvd., Suite 100	☐ Add
		Miami, FL 33156	≅ Remove
			Change
VP Marcus D. Goodson	Marcus D. Goodson	4224 Renaissance Preserve Way	_ ■ Add
		Fort Myers, FL 33916	☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	D Add
			□ Remove
		☐ Change	
		☐ Remove	
			☐ Change
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			DAdd
			□ Remove
			Change

10/14/2015	10:30:54 AM	Marlene Marsh	PGH-FAX-01.3.4	Page 4	
D. If amendin	g any other information	n, enter change(s) here: (Attach a	dditional sheets, if necessary.)(((H	15000245861	3)))
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(If an effective of Note; If the	ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa	specific and cannot be prior to date of filing does not meet the applicable statutory	(Optional) g or more than 90 days after filing.) Pursuan filing requirements, this date will not	t to 605.0207 (3)(b) be listed as the	
	specifies a delayed en a day after the record		ive time, at 12:01 a.m. on the	earlier of:	
Octol Dated	ber 13	2015			
	Man				
N	Sig Marcus D. Goodson	nature of a member or nuthorized represer	неніча она плеппрег		
		Typed or printed name of sign			

Page 3 of 3
Filing Fee: \$25.00