

L 110000129983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

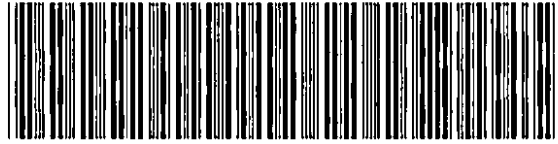
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED

2020 DEC -2 AM 10:27

TALLAHASSEE, FLORIDA

RECEIVED

2020 DEC -2 PM 2:09

TALLAHASSEE, FLORIDA

8 11 0000

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 533473 5033330

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ ~~30.00~~ 55.00

ORDER DATE : December 1, 2020

ORDER TIME : 9:11 AM

ORDER NO. : 533473-005

CUSTOMER NO: 5033330

DOMESTIC AMENDMENT FILING

NAME: GBX OCEANFRONT ESTATES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: GBX OCEANFRONT ESTATES LLC

SECOND: The Florida Document Number of the limited liability company is: L11000129983

THIRD: The street address of the limited liability company's principal office is:

153 SEVILLA AVENUE

CORAL GABLES, FL 33134

The mailing address of the limited liability company's principal office is:

153 SEVILLA AVENUE

CORAL GABLES, FL 33134

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.


a. Granted to: MICHAEL J. FREEMAN

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: MICHAEL J. FREEMAN

b. No authority granted to: _____



Signature of authorized representative

MARCOS LEDERMAN, MGR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)