1100030614

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700215046947

12/12/11--01014--027 **25.00

DEC 1 8 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	SMIRMD P	ROPERTIES, LLC	•	
		ited Liability Company		
	f Amendment and fee(s) are sul			
, ,	-	Lauranaa Suran		
	*	Lawrence Swan Name of Person		
		Caloosehatche Tax		
		Firm/Company		
	70	9 Cape Coral Pkwy W		
		Address		
	Caj	oe Coral, Florida 33914 City/State and Zip Code		
	lawrence.swan@ctfs.us			
•		to be used for future annual report notific	cation)	
For further information	concerning this matter, please of	call:		
	wrence Swan	at (239) 5	540-2612 Telephone Number	
,				
Enclosed is a check for	the 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:

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

FILED

2011 DEC 12 PM 2: 27

SMIRMD PROPERTIES LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 Li	iability Company were filed on	11/16/2011	and assigned
Florida document numberL11000130	<u>0614 </u> .		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :	
ВІ	EATO REAL ESTATE LLC		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	* Hr * * * * * * * * * * * * * * * * * *	
(Mailing address MAY BE A POST OFFICE	BOX)		
	<u></u>	, <u> </u>	
B. If amending the registered agent and/or the new registered of	•	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
•		, Florida	
	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 Type of Action <u>Title</u> **Name Address** MGR Liam Rad Management 709 Cape Coral Pkwy W ☐ Add Cape Coral, Florida 33914 ✓ Remove Bar Financial MGR 709 Cape Coral Pkwy W ✓ Remove Cape Coral, Florida, 33914 MGR Ramy Ordan 709 Cape Coral Pkwv W ✓ Add Remove Cape Coral, Florida 33914 MGR Bar Financial MM LTD 709 Cape Coral Pkwy W Cape Coral, Florida, 33914 \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Decembo-Signature of a member or authorized representative of a member David Herskowitz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00