12/7/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000348176 3)))



H180003481783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344 Phone

: (305)520-2480 Fax Number

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

casil Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLAGLER BROKERAGE AND MANAGEMENT SERVICES LLC

	PM 12: 53	SECRETARY OF STATE TALLAHASSEE. FL
	2	ڻي دن
	×	六뿠
ŝ	-	€
)		点を
3	2018 DEC	بدينا
-	9	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
_	\approx	
	=	()

S BRUNERAGE AND MEA	1110211
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 7 2019

COVER LETTER

TO: Registration Sec Division of Corp			
FLAGLER E	ROKERAGE AND MANAGE	MENT SERVICES LLC	
SUBJECT:	Name of Limito	d Liability Company	
	Amendment and fco(s) are submi		
Please return all correspon	dence concerning this matter to Jessica Perez	ar totaving.	
		Name of Person	
		Firm/Company	
	117 NE 1st Avenue, 11th Fl	Address	
	Miami, FL 33132	Audies	
	kolleen.cobo@feci.com	City/State and Zip Code	SCENE S
·	E-mail address: (10	be used for future annual report notific	ation)
For further information (concurning this matter, please cal	11:	
Jessica Porez		305 520-2366	Telephone Number
Name	of Person	Arca Codo Daytime	1 cicputate i ramoci
Enclosed is a check for	the following amount:		- 40 00 TH' - F.
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is exclosed)	☐ \$60.00 Filing Fee, Cartificate of Status & Cartified Copy (additional copy is enclosed)
		ctbret/Cour)	er address:

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAGLER BROKERAGE AND MANAGEMENT SE	RVICES LLC	
(Name of the Limited Liability Compan	iv as it new appears on our recusbility Company)	orde.)
The Articles of Organization for this Limited Liability Company	were filed on 03/14/2012	and assigned
Florida document number L12000036584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name rouss be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		THE STATE OF THE S
Enter new mailing address, if applicable:		1000
(Mailing address MAY BE A POST OFFICE BOX)		o,
		ुं र
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our rec re:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	adarest
		_, 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 ugent 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Address</u> Title Name _____ D Add ____ D Remove Change 117 NE 1st Avenue, 11th Floor Snyder, Marshall Bruce ٧P Miami, FL 33132 Remove _____ Change 117 NE 1st Avenue, 11th Floor Anderson, Mauricio H VP 🗎 Add Miami, FL 33132 □ Remoy □ Remor€ _____ Change ___ (C) Add ☐ Remove ____ Change _____ D Add ☐ Remove □ Change

		-
		-
		_ 6
		E.
	775	- ` `
		<u>.</u>
	(1)	ad .
		ः । न
		-
(п зи спр	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 if the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be lift the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be lift.	05.0207 (: stod as tl
docume	nt's effective date on the Department of State's records.	
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the ear 90th day after the record is filed.	rlier of:
	Daremher 6 2018.	
Dated	December 6 Colo	

Page 3 of 3

Filing Fee: \$25.00