# 1/200049565

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	usiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	ıly



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August 1, 2017

ARIEL GIGLIO 5481 WILES RD STE 505 COCONUT CREEK, FL 33073

SUBJECT: 3001 CHATEAU BEACH, LLC Ref. Number: L12000049565

We have received your document for 3001 CHATEAU BEACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 917A0001

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#### **COVER LETTER**

TO:	<b>Registration Section</b>			
	Division of Corporations			

3001 CHATEAU BEACH, LLC

SUBJECT:

Nat ... of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIEL GIGLIO

Name of Person

DELUXE REALTY LUC

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Firm/Company

5481 WILES RD 3TE 505

	Address	
COCONUT	CRE IK FL 33073	
	City/State and Zip Code	
ariel.giglio@de	elux nealty.us	SSS: 2
	mail address: (to be used for future annual report notification)	— <u> </u>
For further information concerning this ma	tter, please call:	FLOR
ARIEL GIGLIO	954 623-7527	<u>5</u> , 2

Area Code

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Utatus

\$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

Daytime Telephone Number

2661 Executive Center Circle Tallahassee, FL 32301

## **ARTICLES OF AMENDMENT** TO **ARTICLES OF ORGANIZATION** OF

3001 CHATEAU BEACH, LL.			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000049565</u>	were filed on 04/11/2012 and assigned		
This amendment is submitted to amend the 'ollowing:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new same must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "11 C" or the abbreviation "11 C."		
Enter new principal offices address, if applicable:	5481 WILES RD		
(Principal office address MUST BE A STFEET ADDRESS)	SUITE 505		
	COCONUT CREEK FL 33073		
Enter new mailing address, if applicable:	5481 WILES RD		
(Mailing address MAY BE A POST ()FF(()E BOX)	SUITE 505		
	COCONUT CREEK FL 33073		
• • • • • • • • • • • • • • • • • • • •	SUITE 505		

В. new registered agent and/or the new registere 3 office address here: 

Name of New Registered Agent:	ARIEL GIGLIO	
New Registered Office Address:	5481 WILES RD STE 505	SSEE
	Enter Florida s	treet address
	CÚCONUT CREEK	Florida 33073 📻 🖸
	City	Zip <u>C</u> ode
		<u> </u>

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 limited liability company has been notified in writing of ctis change. - -

	A
If Changing Rep	Ktered Agent. Signature of New Registered Agent
Page 1 of 3	[ ]

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If amending Authorized Persoa(s) zuthouized to manage, enter the title, name, and address of each person\_being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	WALTER FISCHER	1000 E HALLANDALE BEACH F	🗆 Add
		HALLANDALE BEACH FL 3300	E Remove
			Change
MGR	SHARP MANAGEMENT UROUP	5481 WILES RD STIE 505	🖬 Add
		COCONUT CREEK FL 33073	C Remove
			Change
			🗆 Add
			Remove
	·	······································	
			→→→→ □ Change
			Remove
			Change
			🖸 Add
			Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be split and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note.</u> If the date inserted in this block doc not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/25/17 Signature of a member or authorized representative of a member En Fischer lyped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00