

L12000103989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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600260860456

EFFECTIVE DATE 06-09-14

TO BE FILED AT THE  
SUFFOLK COUNTY OFFICE

2014 JUN 12 AM 9:48

2014 JUN 17 AM 10:17

B. BOSTICK  
JUN 17 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 173940 82474A

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : June 11, 2014

ORDER TIME : 8:46 AM

ORDER NO. : 173940-005

CUSTOMER NO: 82474A

DOMESTIC AMENDMENT FILING

NAME: ANTIGUA AT NMB DEVELOPMENT,  
LLC

EFFECTIVE DATE:

XX\_\_\_ ARTICLES OF AMENDMENT

\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

XX\_\_\_ PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

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

ANTIGUA AT NMB DEVELOPMENT, LLC

(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 Liability Company were filed on 08/13/2012 and assigned  
Florida document number L12000103989.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7385 SW 87TH AVE., STE. 100

MIAMI, FL 33173

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7385 SW 87TH AVE., STE. 100

MIAMI, FL 33173

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	THE KEISER FAMILY LIVING	P.O. BOX 5689	<input type="checkbox"/> Add
		TAMPA, FL 33675	<input checked="" type="checkbox"/> Remove
MGRM	17 NMB DEVELOPMENT, LLC	7385 SW 87TH AVE., STE. 100	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JUNE 9, 2014

John T. Keiser

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

01 JUN 2014 133



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2014

CSC  
ANTIGUA AT NMB DEVELOPMENT, LLC  
EMILY GRAY

**RESUBMIT**

Please give original

SUBJECT: ANTIGUA AT NMB DEVELOPMENT, LLC  
Ref. Number: L12000103989

Submission date as file date.

We have received your document for ANTIGUA AT NMB DEVELOPMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 214A00012908

TO AVOID  
SUFFICIENCY OF FILING

2014 JUN 16 PM 1:24

RECEIVED  
DIVISION OF CORPORATIONS  
JUN 16 2014

2014 JUN 12 4:03 PM