

JAN. 8. 2015 12:10PM
1/8/2015

JONES FOSTER 561 650 0435
Corporations

NO. 3565 P. 1

LI2000131195
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000005956 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

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

Email Address: jfservice@jonesfooster.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROTHMAN PROPERTY, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

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JONES FOSTER 561 650 0435

NO. 3565 P. 2

H150000059563

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROTHMAN PROPERTY, LLC

Name 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:

Karin J. Drakas

Name of Person

Jones, Foster, Johnston & Stubbs, P.A.

Firm/Company

505 South Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/State and Zip Code

jfservice@jonesfooster.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin J. Drakas

at (561) 659-3000

Name of Person

Area Code

Daytime 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

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TALLAHASSEE, FLORIDA

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JAN. 3. 2015 12:10PM

JONES FOSTER 561 650 0435

H1500000595563 NO. 3565 P. 3

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

ROTHMAN PROPERTY, 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 October 15, 2012 and assigned Florida document number L12000131195

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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

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JONES FOSTER 561 650 0435

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------|-------------------|-------------------------------------|------------------------------|
| MGRM | Steven J. Rothman | 505 South Flagler Drive, Suite 1100 | <input type="checkbox"/> Add |
|------|-------------------|-------------------------------------|------------------------------|

| | | | |
|--|--|--------------------------------|--|
| | | West Palm Beach, Florida 33401 | <input checked="" type="checkbox"/> Remove |
|--|--|--------------------------------|--|

| | | | |
|-----|-------------------|-------------------------------------|---|
| MGR | Steven J. Rothman | 505 South Flagler Drive, Suite 1100 | <input checked="" type="checkbox"/> Add |
|-----|-------------------|-------------------------------------|---|

| | | | |
|--|--|--------------------------------|---------------------------------|
| | | West Palm Beach, Florida 33401 | <input type="checkbox"/> Remove |
|--|--|--------------------------------|---------------------------------|

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| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
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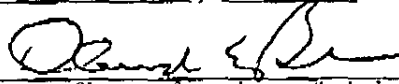
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 12 5, 2015



Signature of a member or authorized representative of a member

David E. Bowers

Typed or printed name of signer

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Filing Fee: \$25.00

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