

L1300002717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 AUG 13 P 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AR  
8-11-15

AUG 14 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 755 Indiantown 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:

James M. Cohen  
\_\_\_\_\_

Name of Person

\_\_\_\_\_  
Firm/Company

10050 Broadview Dr  
\_\_\_\_\_

Address

Bay Harbour, FL. 33154  
\_\_\_\_\_

City/State and Zip Code

jimcohen1@gmail.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Jim Cohen  
\_\_\_\_\_

Name of Person

305

at ( )

Area Code

798-3624

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

755 Indiantown 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 August 10, 2015 and assigned  
Florida document number L13000027117.

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 contain 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)**

10050 W. Broadview Dr

Bay Harbour, Fl. 33156

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

James M. Cohen

New Registered Office Address:

10050 W. Broadview Dr

*Enter Florida street address*

Bay Harbour

*City*

, Florida 33154

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
Mgr	James M. Cohen	10050 W Broadview Dr, Bay Harb	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Michael Gilbert	18420 SE Lakeside Dr., Tequesta, 1	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Robert Vollrath	128 Island Drive, South, Ocean Ric	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

As per 4.1 of Operating Agreement sub-section Management: Due to the death of Robert Vollrath, James M. Cohen as per Operating Agreement dated February 21, 2015 shall hereby be made Manager of 755 Indiantown LLC and will have full, exclusive, and complete discretion, power and authority, subject to Major Management Decisions in Section 4.8 of Operating Agreement and in all cases to the other provisions of the Operating Agreement and the requirements of applicable law, to manage, control, administer, and operate the business and affairs of the Company for the purposes herein stated, and to make all decisions affecting such business and affairs of the Company.

Death Certificate of Robert Vollrath is hereby attached as Exhibit "A"

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** August 10, 2015 **(optional)**

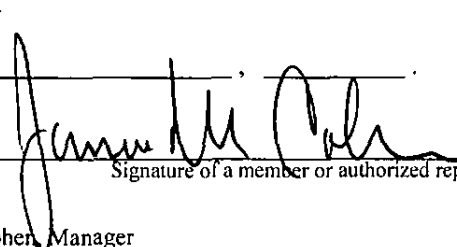
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does 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

8/10/15



Signature of a member or authorized representative of a member

James M. Cohen, Manager

Typed or printed name of signee

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

ALL-STATE LEG.

EXHIBIT

"A"

STATE FILE NUMBER: 2015109673

DATE ISSUED: July 28, 2015

## DECEDENT INFORMATION

STATE FILE DATE: July 27, 2015

NAME: ROBERT KARL VOLLRATH

DATE OF DEATH: July 24, 2015

SEX: MALE

SSN: 266-19-6996

AGE: 059 YEARS

DATE OF BIRTH: December 16, 1956

BIRTHPLACE: MIAMI BEACH, FLORIDA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 128 ISLAND DRIVE SOUTH

LOCATION OF DEATH: OCEAN RIDGE, PALM BEACH COUNTY, 33435

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): THERESA PLAGEMAN

RESIDENCE: 128 ISLAND DRIVE SOUTH, OCEAN RIDGE, FLORIDA 33435, UNITED STATES COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: CPA, REAL ESTATE INVESTMENT COMPANY

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean  
☐ American Indian or Alaskan Native-Tribe ☐ Vietnamese ☐ Other Asian:  
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is. ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

## PARENTS AND INFORMANT INFORMATION

FATHER: HERBERT OTTO VOLLRATH

MOTHER: VERONA NUCE

INFORMANT: THERESA P. VOLLRATH

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 128 ISLAND DRIVE SOUTH, OCEAN RIDGE, FLORIDA 33435, UNITED STATES

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: EDGLEY CREMATORY  
RIVIERA BEACH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: MICHAEL LORNE, F043097

FUNERAL FACILITY: LORNE AND SONS FUNERAL HOME F040761  
746 NE 6TH AVE, DELRAY BEACH, FLORIDA 33483

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 151500959

TIME OF DEATH (24 hr): 2141

CERTIFIER'S NAME: REINHARD WERNER MOTTE

CERTIFIER'S LICENSE NUMBER: ME76999

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ACUTE MYOCARDIAL INFARCT

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr)

INJURY AT WORK? NO

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

Ken Jones

, State Registrar

REQ: 2016155565



## WARNING:

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1847 (03-13)

CERTIFICATION OF VITAL RECORD



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