

L170000 70712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

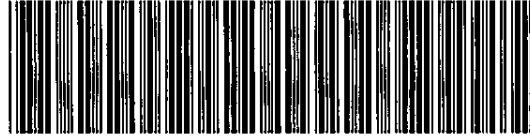
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 APR - 6 PM 12:11

APR 21 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Presidential Aventura Properties, 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:

Roland Faith

Name of Person

Presidential Aventura Properties, LLC

Firm/Company

2627 NE. 203rd Street, Suite 202

Address

Aventura, FL 33180

City/State and Zip Code

adrianperlman@fiprealty.com

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

For further information concerning this matter, please call:

Adrian Perlman

305 682-4991  
at ( )

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

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

Presidential Aventura Properties, 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 2/27/2013 and assigned Florida document number L13000030712.

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)**

2627 NE 203rd Street

Suite 202

Aventura, FL 33180

Enter new mailing address, if applicable:

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

2627 NE 203rd Street

Suite 202

Aventura, FL 33180

**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:

Richard Faith

New Registered Office Address:

2627 NE 203rd Street, Suite 202

Enter Florida street address

Aventura

City

, Florida

33180

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

| <u>Title</u> | <u>Name</u>           | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|-----------------------|---------------------------------|--|
| MGR          | MJG Family Management | 2875 NE 191st Street, Suite 400 | <input type="checkbox"/> Add               |
|              |                       | Aventura, FL 33180              | <input checked="" type="checkbox"/> Remove |
| MGR          | Grandpres, LLC        | 2627 NE 203rd Street, Suite 202 | <input type="checkbox"/> Add               |
|              |                       | Aventura, FL 33180              | <input checked="" type="checkbox"/> Remove |
| MGR          | Roland Faith          | 2627 NE 203rd Street, Suite 202 | <input checked="" type="checkbox"/> Add    |
|              |                       | Aventura, FL 33180              | <input type="checkbox"/> Remove            |
| MGR          | Roy Faith             | 2627 NE 203rd Street, Suite 202 | <input checked="" type="checkbox"/> Add    |
|              |                       | Aventura, FL 33180              | <input type="checkbox"/> Remove            |
|              |                       |                                 | <input type="checkbox"/> Add               |
|              |                       |                                 | <input type="checkbox"/> Remove            |
|              |                       |                                 | <input type="checkbox"/> Add               |
|              |                       |                                 | <input type="checkbox"/> Remove            |

15 APR 25 PM 12:11  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

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)

(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 March 31, 2015

  
Roland Faith

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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