## L1300003883/

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FILED
2013 APR -1 PM 2: 56
SECRETARY OF STATE

APR - 2 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Secondinian S		
SUBJECT: 400 S	unny Isles PH2, LLC	
SUBJECT.	Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:	
	Bryan J. Stanley, Esq.	
	Name of Person	,
	Bryan J. Stanley, P.A.	
	Firm/Company	<b>د</b>
	209 Turner Street	MIJAPR-1 SECTIETAS TALLATAS
	Address	調るド
	Clearwater, FL 33756	
	City/State and Zip Code	PH 2:50
ľ	bryan@bryanjstanley.com	5
For further information con	E-mail address: (to be used for future annual report notification) cerning this matter, please call:	DE.
Bryan J. Sta	nley <sub>at (</sub> 727 <sub>)</sub> 461-1702	
Name of I	Person Area Code & Daytime Telephone Numbe	r

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)

**MÀILING 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

400 Sunny Isles PH2, LLC	•	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears or d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000038831</u> .	ny were filed on March	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>-</u> :	7.0
(Principal office address MUST BE A STREET ADDRESS)		TEGER T
	· · · · · · · · · · · · · · · · · · ·	SSET I
Enter new mailing address, if applicable:		Fig Z O
(Mailing address MAY BE A POST OFFICE BOX)		97.4T
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new
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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name Address Type of Action Pauline D. Hess 1691 Michigan Avenue, #302 MGRM Miami Beach, FL 33139 Pauline D. Hess 1691 Michigan Avenue, #302 MGR Miami Beach, FL 33139 Remove Remove

D. 'If amending any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary.)
-	}
	E-
	<u> </u>
Dated March 26 2	2013
Drymis Van	
, b - , ,	puber or authorized representative of a member
Bryan J. Stanley	yped or printed name of signee
1	
	Page 3 of 3

Filing Fee: \$25.00

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