

L130000043771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch SEP 23 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPI LARGO VILLAGE, 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:

CAROL HOUSMAN
Name of Person
CF PROPERTIES CORP.
Firm/Company
6625 Miami Lakes Drive, Suite 316
Address
Miami Lakes, Florida 33014-2705
City/State and Zip Code
chousman@cfproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Housman at (305) 777-0760
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SPI LARGO VILLAGE, 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 03/25/2013 and assigned
Florida document number LL3000043771.

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)

6625 Miami Lakes Drive

Suite 316

Miami Lakes, Florida 33014-2705

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6625 Miami Lakes Drive

Suite 316

Miami Lakes, Florida 33014-2705

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:

Michael D. Friedman

New Registered Office Address:

6625 Miami Lakes Drive, Suite 316

Enter Florida street address

Miami Lakes

City

, Florida 33014-2705

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 Changing Registered Agent, **Signature of New Registered Agent**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CF Properties Corp.	6625 Miami Lakes Drive, #316	<input type="checkbox"/> Add
		Miami Lakes, Florida 33014	<input checked="" type="checkbox"/> Remove
MGRM	Michael D. Friedman, as Trustee of the Michael D. Friedman Revocable Trust dated May 16, 2006	6625 Miami Lakes Drive, #316	<input checked="" type="checkbox"/> Add
		Miami Lakes, Florida 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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

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Add
Remove
Add
Remove

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

Dated _____, 2013 .



Signature of a member or authorized representative of a member

Michael D. Friedman

Typed or printed name of signee

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Filing Fee: \$25.00

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