Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H14000065565 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AKERMAN LLP - BOCA

Account Number: 120100000049 : (561)368-2151

Fax Number

: (561)368-4668

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUMP LANE PROPERTIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

MAR 1 9 2014 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

HI40000655653

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUMP LANE PROPERTIES, LL	.C				
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on I Lability Company)	our records.)		•	
The Articles of Organization for this Limited Liability Companiples L1300107600.	y were filed on July	30, 2013	and a	issigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lin	bility company here:				
The new name must be distinguishable and end with the words "Limited Lis	ability Company," the desig	nation "LLC" or the al	breviation	"L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				20	_
			: " ; ; }	<u> </u>	 ; ;
				3	, 6+ + -; was #
Enter new mailing address, if applicable:				8	
(Mailing address MAY BE A POST OFFICE BOX)			122	垂	. i
				କ୍	*
D 10 V 1 V 1		•	. इंग्रेंनी	<u></u>	
B. If amending the registered agent and/or registered (registered agent and/or the new registered office address he	office address on our re:	r records, <u>enter t</u>	he name	e of the	new
	_				
Name of New Registered Agent:					
New Registered Office Address:					
	roci address			_	
		, Florida			
City			Zip Code		
Yew Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
hereby accept the appointment as registered agent and agr					i the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as					e
veing filed to merely reflect a change in the registered office	address, I hereby co	nfirm that the limi	ited liabi	ility	-

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

H14000063565 3

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:

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Leonard Gartner	106 Sea Lane	D Add
		Delray Beach, FL 334	83 Remove
MGR	Leonard Gartner	106 Sea Lane	■ Add
		Delray Beach, FL 3348	B3 D Remove
			Add
			□Add %□ Remove
			🗆 Remove
			CJ Add
			Remove

	Ø1 FR AKERMAN S	ENTERFITT	5613684668			P.04/04) O 6
D. If amending any other	information, enter	change(s) here:	(Attach additiona	l sheets, if nece	ssary.)	
		· <u>····</u>				
					····	
		······································				
Effective date, if other to (The effective date must be spe	than the date of filir	ig: late of receipt or filed	I date and carmot be n	ore than 90 days a	nal) fter	
the date this document is filed	d by the Florida Departme	ent of State)				

Page 3 of 3

Joseph M. Landolfi, Jr. Authorized Representative

Filing Fee: \$25.00

H140000 65565 3