Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CARLTON FIELDS

Account Number : 076077000355 : (813)223-7000

Phone Fax Number

: (813)229-4133

**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 DADELAND EXECUTIVE MANAGEMENT LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$60.00

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADELAND EXECUTIVE MANA		=
(Name of the Limited Liabilit	ty Company as it now appears on ou Limited Liability Company)	r records.)
· · · · · · · · · · · · · · · · · · ·	Dimined Diabinity Company,	(A)
The Articles of Organization for this Limited Liability	Company were filed on AUGUS	T 5, 2013 and assigned
Florida document number L13000109957	•	
Tortea document number	 ·	= mg
This amendment is submitted to amend the following:		AM IO: 31
A. If amending name, enter the new name of the lin	nited liability company here:	- 0A
		•
	- 4. (41)	this will on the above initial
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the aboreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Mading quaress MAI BE A POST OFFICE BOA)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		cords, enter the name of the new
Tegistered agent antivor the new registered office ad-	uress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 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 = Ma MGRM = M	MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	ype of Action	
MGRM	Robert G. Berrin	4601 Ponce de Leon Blvd., #300., Coral Gables, FL 33146	Add	
			Remove	
MGRM	Isaac K. Fisher	4601 Ponce de Leon Blvd., #300, Coral Gables, FL 33146	. 🗹 Add	
			Remove	
			Add	
_			Remove SE	
			SECRETARY ALLAHASSE 13 SEP 174	
			E.F.S.	
			ATE DRIDA	
			Add Remove	
			Add	
			Remove	

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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SFI	PTEMBER 17 2013		
ated SEI	2010		
	Lah Q-M		
	Signature of a member or authorized representative of a member		
	CARLOS A. MAS, AUTHORIZED REPRESENTATIVE		
	Typed or printed name of signee		
	Page 3 of 3		

Filing Fee: \$25.00