

L13000110299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

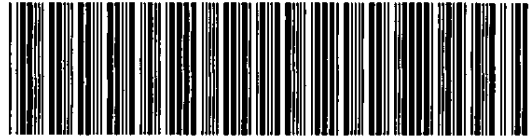
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000273086750

05/26/15--01031--003 **25.00

FILED
2015 MAY 26 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAY 28 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TREASURE COAST REAL ESTATE HOLDINGS 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:

ANDRE TARRAF

Name of Person

TREASURE COAST REAL ESTATE HOLDINGS LLC

Firm/Company

P.O. BOX 1437

Address

HOBE SOUND, FL 33475

City/State and Zip Code

ANDRE-TARRAF@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANDRE TARRAF

772 486-2818
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**

FILED
2015 MAY 26 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TREASURE COAST REAL ESTATE HOLDINGS 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 08/05/2013 and assigned
Florida document number L13000110299.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3088 SW Sunset Trace Cir.,

(Principal office address MUST BE A STREET ADDRESS)

Palm City, FL 34990

Enter new mailing address, if applicable:

P.O. BOX 1437

(Mailing address MAY BE A POST OFFICE BOX)

HOBE SOUND, FL 33475

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:

ANDRE TARRAF

New Registered Office Address:

3088 SW Sunset Trace Cir.,

Enter Florida street address

Palm City

, Florida 34990

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	LEISA BRODIE	2227 SW ROCKPORT RD	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRE TARRAF	3088 SW Sunset Trace Cir.,	<input checked="" type="checkbox"/> Add
		Palm City, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 18, 2015

15 _____


 or authorized representative of a member

Signature of a member or authorized representative of a member

LEISA BRODIE

Typed or printed name of signee

FILED
2015 MAY 26 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA