

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : SHAPIRO & ADAMS, P.A.  
Account Number : I19990000101  
Phone : (561) 691-0059  
Fax Number : (561) 691-0066

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

Email Address: Stuart45@aol.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3300 MONET, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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B. BOSTICK

SEP 19 2013

EXAMINER

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

3300 Monet, 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 August 16, 2013 and assigned  
Florida document number L13000116307

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12217 Aviles Circle

Palm Beach Gardens, FL 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12217 Aviles Circle

Palm Beach Gardens, FL 33418

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:

Stuart Karu

New Registered Office Address:

12217 Aviles Circle

Enter Florida street address

Palm Beach Gardens

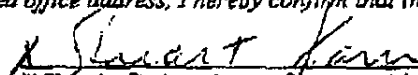
Florida 33418

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

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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>                                                      |
|--------------|--------------------|---------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR          | Robert Lee Shapiro | 2401 PGA Boulevard, Suite 272<br>Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Stuart Karu        | 12217 Aviles Circle<br>Palm Beach Gardens, FL 33418           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |                                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                    |                                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated September 18, 2013

X Stuart Karu  
Signature of a member or authorized representative of a member

Stuart Karu

Typed or printed name of signer

Page 3 of 3

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