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lorida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

: (215)977-9386

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNCREST COURT REDEVELOPMENT, LL

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To:

Fax: (850) 617-6383 (((H190003090853))) Page; 2 of 4

10/17/2019 4:56 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Suncrest Court Redevelopment, LLC	2818 OCT IT A IF NO	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.)	
V	TALLAHASSLE, FLORICA	
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/9/13	and assigned
Florida document number L13000127175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the ab	breviation "LL C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
17 meipu office unu ess most approximate most		
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Indutary dualess many big at 1 out of 1 feb bory		
B. If amending the registered agent and/or registe	ered office address on our records, enter	the name of the new
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	. Florida	
	City	Zıp 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

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Fax: (850) 617-6383 (((H190003090853)))

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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>	Address .	Type of Action
AMBR	HEF-Suncrest, Inc.	437 Southwest Fourth Ave.	
	*******	Fort Lauderdale, FL 33315	
			□ Remove
			■ Change
PRE	Tranakas Nicholas, MD	437 Southwest Fourth Ave.	
		Fort Lauderdale, FL 33315	
			■ Remove
			Change
VP	Tam A. English	437 Southwest Fourth Ave.	
VI		Fort Lauderdale, FL 33315	Add
		For Eadderdate, FE 33313	Remove
			☐ Change
			Remove
			☐ Change
*****			Add
			Remove
			Change
			□ Remove
			Change

M. BURR KEIM CO	Fax: 12159779386	To:	Fax: (850) 617-6383	Page: 4 of 4	10/17/2019 4:56 P
			(((H190003090853)))		
D. If amendin	g any other inform	ation, e nter ch	ange(s) here: (Attach additional she	ets, if necessary.)	
					
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Note: If th	e date inserted in this	block does not n	cannot be prior to date of filing or more than teet the applicable statutory filing requir	(optional) 90 days after filing.) Purements, this date will	rsuant to 605 0207 (not be listed as the
document's	seffective date on the	Department of S	tate s records.		
If the record	specifies a delayed thiday after the re	ed effective d	ate, but not an effective time, a	at 12:01 a.m. on	the earlier of:

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Dated_

October 17

Tam A English

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Signature of a member or authorized representative of a member

Typed or printed name of signee