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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  
Fax Number : (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, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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2019 OCT 17 A 11:46

FILED

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T. LEMIEUX  
OCT 16 2019

LS: OCT 17 2019 4:57

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Suncrest Court Redevelopment, LLC

2019 OCT 17 A 11:46

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

FILED  
TALLAHASSEE, FLORIDA  
9/9/13

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L13000127175.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida 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 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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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>                      |
|--------------|-----------------------|---------------------------|--|
| AMBR         | HEF-Suncrest, Inc.    | 437 Southwest Fourth Ave. | <input type="checkbox"/> Add               |
|              |                       | Fort Lauderdale, FL 33315 | <input type="checkbox"/> Remove            |
|              |                       |                           | <input checked="" type="checkbox"/> Change |
| PRE          | Tranakas Nicholas, MD | 437 Southwest Fourth Ave. | <input type="checkbox"/> Add               |
|              |                       | Fort Lauderdale, FL 33315 | <input checked="" type="checkbox"/> Remove |
|              |                       |                           | <input type="checkbox"/> Change            |
| VP           | Tam A. English        | 437 Southwest Fourth Ave. | <input type="checkbox"/> Add               |
|              |                       | Fort Lauderdale, FL 33315 | <input checked="" 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            |

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