113000127192

(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to Fi	lling Officer:	

Office Use Only



600314543606

06/20/18--01011--023 **30.00

SECRETARY OF STATE OPPOSATION:

N COOPER JUN 2 0 2018

. COVER LETTER

	reserve, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Noah Szugajew		
		Name of Person	
	Oakland Preserve, LLC		
		Firm/Company	
	4780 North State Road 7		
		Address	
	Lauderdale Lakes		
		City/State and Zip Code	
	nszugajew@bchafl.org E-mail address: ()	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please co		
Noah Szugajew	-	954 739-1114	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he fallowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
<u> </u>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
• • • • • • • • • • • • • • • • • • • •	ING ADDRESS:	STREET/COURI Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oakland Preserve, LLC				<u> </u>			
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited L Florida document number 1.13000127192 This amendment is submitted to amend the following the		were filed on Septen	nber 9, 2013	and assign	ned		
A. If amending name, enter the new name o	f the limited liab	oility company here:					
The new name must be distinguishable and contain the v	words "Limited Liabi	ility Company," the design	nation "LLC" or the ab	breviation "L.L.C			
Enter new principal offices address, if applic	Oakland Preserve, I		5	3 <u>8</u>			
(Principal office address MUST BE A STREE	4780 Borth State R	oud 7	JUK_	200			
Trincipul office unarcing and the		Lauderdale Lakes,	F1, 33319	120	957- 		
Enter new mailing address, if applicable:	Oakland Preserve, I	LLC	70	2042800 1 0 0 A			
(Mailing address MAY BE A POST OFFICE BOX)		4780 North State R	oad 7	: 2	14 2.1 (5.7		
Induting address MAT BE A 1 031 0711CE	1011	Lauderdale Lakes.	FL 33319		: 1		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	/or registered of office address here Ann Deibert 4780 North St	<u>re</u> :	ur records, <u>enter</u>	the name of	the nev		
New Registered Office Address:	Enter Florida street address						
	Lauderdale Lakes		Florida 33319				
		City		Zip Code	SECRETARY OF STATE OF THE PROPERTY OF STATE OF THE PROPERTY OF		
New Registered Agent's Signature, if changing							
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete gistered agent as	e performance of my	y duties, and Lam j upter 605, F.S. Or,	jamiliar with if this docum	ana ient is		

If Changing Registered Agent, Signature of New Registered Agent

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 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	PHG-Oukland, LLC	9400 South Dadeland Blvd.	
		Suite 100	Remove
		Miami, FL 33156	Change
AMBR	OP-Better Communities, LLC	4780 North State Rad 7	
		Lauderdale Lakes, FL 33319	☐ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change

. —							•	-			-
	_	 .	 -								-
			 					 			-
	<u> </u>					·					•
				-		<u> </u>					-
	<u>.</u>					<u>.</u>					-
					 						-
											- C
											J. SIAID
				<u></u>					<u></u>	JUN 20	- 55 - 55 - 55 - 55 - 55 - 55 - 55 - 55
									_		- P
										7	- 3033 - 3033
										: 25	- 10K
	<u> </u>		<u> </u>	_					_		···
	<u> </u>										_
					 -					-	_
ffective	date, if ot	her than t	he date of fi	ling:			3 0	(optio	nal)	t to bl	าร กวก
ote: If	the date ins	erted in this	nust be specific block does n Department	ot meet the	: applicable :	e or uing or i statutory filii	ng require	ments, this	date will n	ot be lis	ited a
recor The 9	rd specific Oth day a	es a delay fter the r	ed effectivecord is file	e date, t ed.	out not an	effective	time, at	12:01 a	.m. on th	ie earl	ier a
ated	6/8	$\overline{\bigcirc}$	Signature	/20	218						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00