Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

**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 11140 SPRING HILL DRIVE LLC

Certificate of Status	0
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K.SALY EXAMINER SEP 27 201

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Corporate Filing Menu

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COVER LETTER

		OO I DIE DDIE EAST	
TO: Registration S Division of Co			
SUBJECT: 11	140 Spring Hi	I Drive LLC	
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub endence concerning this matter	-	
	MARK J. WEII	NSTEIN	
		Name of Person	
	21733 State Route Bo	oca Raton LLC	
		Firm/Company	
	1640 5th Street, Suit	e 112	
		Address	
	Santa Monica, CA	90401	
		City/State and Zip Code	
	E-mail address: (i	to be used for fixture summed report notifical	ion)
For further information of	concerning this matter, please c	ail:	
Name o	(Person	at () Area Code & Daytime To	elephone Number
Englosed is a check for the	he following amount:		
til \$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 Tallahassea, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 11140 SPRING HILL DRIVE LLC

FILED

13 SEP 26 AM 9: 59

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Plorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on September 12, 2013 and assigned Florida document number L13000129329
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 abbrevi "L.L.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)
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" or the abbreviation" "LLC" or the abbreviation "LLC" or the abb
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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 garee to act in this capacity. I further garee to comply with

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

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> Name Address Type of Action MGR 910 Los Angeles Street Management Co. Ino 1640 5th Street, Suite 112, Santa Monica, CA 90401 Remove **MGRM** 440 South Catalina Street LLC 1640 5th Street, Suite 112, Santa Monica, CA 90401 Remove Remove Remove Remove Remove

amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessar)	v.)
	more J Weinders	
	Signature of a member or authorized representative of a member	
	MARK J. WEINSTEIN	

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Filing Fee: \$25.00