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L13000135074

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

From: Account Name : BENNARDO LEVINE LLP
Account Number : I20130000096
Phone : (561) 392-8074
Fax Number : (561) 368-6478

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

Email Address: ljcohen@bennardolevine.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
730 ALAMANDA, LLC**

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2014-04-10 19:43:07

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B. POSTICK

APR 11 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 730 ALAMANDA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Cohen, Esq.

Name of Person

Bennardo Levine LLP

Firm/Company

1860 NW Boca Raton Blvd.

Address

Boca Raton, FL 33432

City/State and Zip Code

ljcohen@bennardolevine.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Cohen

Name of Person

at **(561) 392-8074**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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 &
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(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

730 ALAMANDA, 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 09/24/2013 and assigned Florida document number L13000135074.

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 "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)

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: Terra Smith

New Registered Office Address: 136 E. Boca Raton Road
Enter Florida street address

Boca Raton, Florida 33432
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	DEBIASE, MASSIMILIANO	136 E. BOCA RATON ROAD	<input type="checkbox"/> Add
		BOCA RATON, Florida 33432	<input checked="" type="checkbox"/> Remove
MGR	Moore, Jackie	136 E. BOCA RATON ROAD	<input checked="" type="checkbox"/> Add
		BOCA RATON, Florida 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 APR 10 10:00 AM
BOCA RATON, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 10, 2014

Jackie Moore

Signature of a member or authorized representative of a member

Jackie Moore, Manager and Authorized Representative

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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 STATE OF FLORIDA
 DEPARTMENT OF STATE

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