L13000156328

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8/25/14

IN AUG 19 AN ID: 31

COVER LETTER

TD:

Registration Section
Division of Corporations

LIGHTHOUSE POINT 786, 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:

KAREN J SPIGLER, ESQ

Name of Person

LAW FIRM OF KAREN SPIGLER, LLC

Firm/Company

6231 SW 188TH AVE

Address

SW RANCHES, FL 33332

City/State and Zip Code

kspigler@hotmail.com

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

For further information concerning this matter, please call:

KAREN SPIGLER

954 689-0506

Name of Person

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 & Certified Copy (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



August 5, 2014

LAW FIRM OF KAREN SPIGLER, LLC 6231 SW 188TH AVENUE SW RANCHES, FL 33332

SUBJECT: LIGHTHOUSE POINT 786, LLC

Ref. Number: L13000156328

We have received your document for LIGHTHOUSE POINT 786, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The amendment was received on 08/04/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 714A00016727

COVER LETTER

	ntion Section of Corporations		
Li	ghthouse Point 78	36, LLC	
SUBJECT:		ted Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are subr	mitted for filing.	
Please return all c	correspondence concerning this matter t	to the following:	
	Karen J. Spi	gler, Esq	
		Name of Person	
	Law Firm of	Karen Spigler, L	LC
		Firm/Company	
	6231 SW 18	8th Ave.	
		Address	
	Southwest F	Ranches, FL 333	32
		City/State and Zip Code	
	kspigler@hotmail.d	com to be used for future annual report notific	Cation
For further inform	nation concerning this matter, please ca	·	
	. Spigler	_{at} 954 689-05	506
	Name of Person	at () Area Code Daytime	Telephone Number
Enclosed is a che	eck for the following amount:		
□ \$25.00 Filing	g 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 AUG 19 AM 10: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lighthouse Point 786, LL0		
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number L13000156328 This amendment is submitted to amend the following the content of	lity Company were filed on 11/06/2	
A. If amending name, enter the new name of the	e limited liability company here:	
Zahra of Broward County, LLC		
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
		1.1
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	

B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re	ecords, enter the name of the new
registered agent and/or the new registered office	audress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	addraes
	Emer 1 tor aut Sireet	
_	City	, Florida 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			Remove
			·
			Add
			□ Remove
			Add
			□ Remove
			Add
			☐ Remove
			Add
			Remove
			☐ Remove

08/25/2014	f amending any other information	, enter change(s) here: (Allach ad	iditional sheets, if necessary.)
Effective date, if other than the date of filing: O8/25/2014 (optional) The objective date must be reposite connect be prior to date of receipt or filed date and cannot be more than 90 days after	• •		
08/25/2014			
08/25/2014			
08/25/2014			
08/25/2014			
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)	The effective date must be specific, cannot be	e prior to date of receipt or med date and ea	(optional) nnot be more than 90 days after
Dated 08/13 2014	_{Dated} 08/13	2014	
Signature of a member or authorized representative of a member	Dung. M.	Coldwell	tales of a number
Donna M. Caldwell, manager Typed or printed name of signee	_	dwell, manager	

Page 3 of 3

Filing Fee: \$25.00

