

L13000177397

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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 13 2014  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2501 WEST BROWARD, LLC**

Name of Limited Liability Company

FEIN: 46-5414459

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

Please return all correspondence concerning this matter to the following:

**THOMAS BLUTH**

Name of Person

**SFO MANAGEMENT, LLC**

Firm/Company

**301 E. LAS OLAS BLVD, #800**

Address

**FORT LAUDERDALE, FL 33301**

City/State and Zip Code

**[lisa.samuels@stiles.com](mailto:lisa.samuels@stiles.com)**

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

For further information concerning this matter, please call:

**Thomas Bluth**

Name of Person

at **(954) 627-9281**

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

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14 MAY -8 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2501 WEST BROWARD, 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 DECEMBER 27, 2013 and assigned Florida document number L13000177397.

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)**

301 E. LAS OLAS BLVD

SUITE 800

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

301 E. LAS OLAS BLVD

SUITE 800

FORT LAUDERDALE, FL 33301

**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:

THOMAS BLUTH

New Registered Office Address:

301 E. LAS OLAS BLVD, SUITE 800

Enter Florida street address

FORT LAUDERDALE, Florida 33301

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**

Page 1 of 3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 21 AM '13  
MAY - 6 PM '13  
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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>
MGR	CLARKE P. HARLOW	401 SE 25TH AVE #203	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	
MGR	KENNETH L. STILES	301 E. LAS OLAS BLVD	<input checked="" type="checkbox"/> Add
		SUITE 800	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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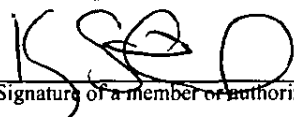
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 29, 2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

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14 MAY -6 PM 12:12  
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