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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations		
SUBJECT:	FLORIDA	RAILROAD, LLC	·	
SUBJECT;		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return	all correspo	ndence concerning this matter	to the following:	
		PAMELA M. KANE, AU	THORIZED REPRESENTATIVI	Ē
			Name of Person	
		PANZA, MAURER, MAY	/NARD, P.A.	
			Firm/Company	
		2400 E. COMMERCIAL I	30ULEVARD, SUITE 905	
			Address	<del></del>
		FORT LAUDERDALE, F	LORIDA 33308	
			City/State and Z p Code	
		PKANE@PANZAMAURE	<b>\$</b>	
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
PAMELA M	1. KANE		954 390-0100	
	Name of	f Person	Arca Code Dayti	me Telephone Number
Enclosed is a	check for th	ic following amount:		
□ \$25.00 F		\$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)
	MAIL	ING ADDRESS:	STREET/COUF	RIER ADDRESS:
		ation Section	Registration Sect	
		n of Corporations ox 6327	Division of Corp Clifton Building	OFMITTORS
		ssee, FL 32314	2661 Executive C Tallahassee, FL 3	
			· · g · - · · · · · · · · · · · · · ·	<del></del>

## ARTICLES OF ORGANIZATION

FLORIDA RAILROAD, LLC	<u> </u>				
(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appe	ars on our records.)		
(	V. Liourga Tamirea Fran	miny Company,	,		
The Articles of Organization for this Limited Lia	bility Company w	ere filed on _	ANUARY 13, 2014	_ and assig	gned
Florida document number L14000001362	·				
This amendment is submitted to amend the follo	wing:	I:			
A. If amending name, enter the new name of	the limited liabili	у сотралу	here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the	designation "LLC" or the abbrev	viation "L.L	C."
Enter new principal offices address, if applica	ble:	2400 E. COM	MERCIAL BOULEVARD, S	SUITE 905	7
(Principal office address MUST BE A STREET	ADDRESS)	FORT LAUD	ERDALE, FLORIDA 33308	<b>CO</b>	ΈĞ
	-			A	ARC.
	-			-09	SKR
Enter new mailing address, if applicable:		\$AME		THE OF	
	2019	<del> </del>		<u> </u>	
(Mailing address MAY BE A POST OFFICE E		<del> </del>		<u> </u>	- <u>35</u>
	-	<del> </del>	<del></del>		
n ic. Pak ta i		1			עי
B. If amending the registered agent and/or the new registered off		ce address c	on our records, <u>enter the</u>	<u>e name o</u>	if the nev
registered agent and or the new registered on	ice address here.	1			
Name of New Registered Agent:	PAMELA M. KA	NE			
New Registered Office Address:	2400 E. COMME	RCIAL BOUI	EVARD, SUITE 905		
		Enter Fl	orida street address		
	FORT LAUDERI	DALE	, Florida _33308	<b>t</b>	
		City	, . 101144	Zip Code	
		1			

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 Ne

Page 1 of 3

If amending Authorized Person(s) authorized to manage, entor removed from our records:		ter the title, name, and address of each person being added			
MGR = 1		! !			
<u>Title</u>	<u>Name</u>	Add	ress	Type of Action	
				Remove	
				Change	
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	ting any other information, enter change(s) here:	
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e <b>ctive</b> effect	date, if other than the date of filing:	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.03
	the date inserted in this block does not meet the applical t's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed
	rd specifies a delayed effective date, but not Oth day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
od	01/04/18	
.cu	2.1.	-   //
	Signature of a member or author	Hi. Ne po.
	PAMELA M. KANE, AUTHORIZED REPRESENTA	
	– CAIVILLA IVI. KAINE, AO L'IOKIZED KEKKESENTA	OLI UNIC.

Page 3 of 3

Filing Fee: \$25.00