

L14000004228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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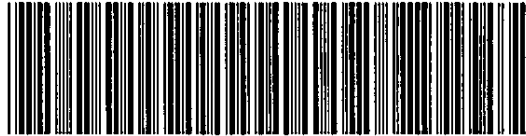
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 565 Bimini 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:

Robert W. Johns
Name of Person
565 Bimini LLC
Firm/Company
1330 SE 4th Ave. Suite G
Address
Fort Lauderdale, FL 33316
City/State and Zip Code
admin@guardianamerican.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W. Johns - Betty Marles at 954 533-7118 or 444-8796
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

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

FILED
2015 DEC 14 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

565 Bimini 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 January 08, 2014 and assigned
Florida document number L14000004228.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Development Enterprises, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1330 SE 4th Ave. Suite G

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33316-1958

Enter new mailing address, if applicable:

1330 SE 4th Ave. Suite G

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33316-1958

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:

1330 SE 4th Ave. Suite G

Enter Florida street address

Fort Lauderdale,

Florida

33316-1958

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
PRS	Robert W. Johns	1400 E. Oakland Park Blvd Suite 201	<input type="checkbox"/> Add
		Fort Lauderdale FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Robert D. Krieff	1400 E. Oakland Park Blvd Suite 201	<input type="checkbox"/> Add
		Fort Lauderdale FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert D. Krieff	303 Inner Harbour Circle	<input checked="" type="checkbox"/> Add
		Tampa FL 33602-5970	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12.08.15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 08,

2015

2015

Robert W. Jones

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert W. Johns

Typed or printed name of signee