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Division of Corporations

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From:

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GALLERIA AT DOWNTOWN FORT PIERCE, LLC

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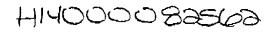
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4/7/2014

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COVER LETTER

TO:

Registration Section Division of Corporations

THE GALLERIA AT DOWNTOWN FORT PIERCE, 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:

Thomas G. Sherman

Nume of Person

Thomas G. Sherman, P.A.

Fim/Company

90 Almeria Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

mike@uniontitleservices.com

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

For further information concerning this matter, please call:

Michael G. Sherman

<u> 305 448-589</u>

Name of Person

Arca Code

Daytime Telephone Number

Enclosed is a check for the following amount:

25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is preferred) \$60.00 Filing Fee,
 Certificate of Status &
 Certified Copy
 (additional copy is enclused)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clinon Building 2661 Executive Center Circle Tullahussec, FL 32301

41400082562

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GALLERIA AT DOWNTOWN FORT PIERCE, LLC

(Name of the Limited Liability (A Florida L	Company as it now app	nrs on our records.)	1-0/11/	
Cus Y etterine -	·	' (120/14	
The Articles of Organization for this Limited Liability Con	mpany were filed on	1/21/201	4 and assign	ned
Florida document number L14000010684		-		·
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the limits	d lishility company	here:		
12		<u></u> .		
The new name must be distinguishable and end with the words "Limi	ted Liability Company," t	he designation "LLC" o	r the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE			_ _	<u>-</u>
ETHICHER Office agares, MONTHE AND ACTUALITY ADDRESS	<u></u>			
			···· 	
Enter new mailing address, if applicable:		nas G. Sherma	an, P.A.	
(Mailing address MAY BE A POST OFFICE BOX)	90 Almei	ria Avenue		
	Coral Ga	bles, Florida	33134	
B. If amending the registered agent and/or register		on our records, <u>e</u>	nter the name of	the new
B. If amending the registered agent and/or registered agent and/or the new registered office addressed of New Registered Agent:		on our records, <u>e</u>	nter the name of	the new
registered agent and/or the new registered office addre	ess here:		nter the name of	the new
Name of New Registered Agent:	ess here:	Floridu strvet address		the new
Name of New Registered Agent:	ess here:			the new
Name of New Registered Agent: New Registered Office Address:	Enter I	Floridu strvet address		the new
Name of New Registered Agent:	Enter l City Agents nd agree to act in th implete performance ent as provided for i l office address, I he	floridu stroet address , Florid is capacity. I furthe of my duties, and is n Chapter 605, F.S reby confirm that t	in Zip Code er agree to comply I am familiar with I. Or, if this docum the limited liability	with the and tent is
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Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action 10 Venetian Way, Unit 506 Martin Larsson **AMBR** Miami Beach, FL 33139 90 Almeria Avenue MGR Thomas Sherman Coral Gables, FL 33134 C Remove _ Add

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Page 2 of 3

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(The effective date must be specific, cannot be prior to dute 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 7 . 2014 //	
in the state of th	
Signature of a member or sufforized representative of a member	
THOMAS SHERMAN ANTHORIZED REPRESENTATO Typed or printed name of signer	سيرال م

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SECRETARY OF STATE DIVISION OF CORPORATION