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20150819 04:46:58 (GMT)

786-899-2880 From: Melissa Groisman

8/19/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SNYDER GROISMAN P.A.
Account Number : I20120000060
Phone : (786)899-2880
Fax Number : (786)899-2890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE ROADS 28, LLC

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TALLAHASSEE, FLORIDA

15 AUG 19 AM 8:43

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ROADS 28, 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:

MYLES MOCEGA

Name of Person

SNYDER GROISMAN P.A.

Firm/Company

21500 BISCAYNE BLVD. SUITE 401

Address

AVENTURA, FL 33180

City/State and Zip Code

MYLES@SNYDERGROISMAN.COM

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

For further information concerning this matter, please call:

MELISSA GROISMAN

at (786) 899-2880

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

THE ROADS 28, 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 07/24/2014 and assigned
Florida document number L14000116639.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

21500 BISCAYNE BLVD. SUITE 401

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

21500 BISCAYNE BLVD. SUITE 401

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

Enter Florida street address

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 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>
MGR	CASANO, SEBASTIAN	21500 BISCAYNE BLVD.	<input type="checkbox"/> Add
		SUITE 401	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA

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SECURITY STAFF
MCALHASSER FLORIDA

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.

Dated 8/19/15, 2015

Signature of a member or authorized representative of a member

Melissa Prosser, Authorized Agent