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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : ROBERT LEE SHAPIRO, P.A.

Account Number : 119990000101 Phone : (561)691-0059

: (561)691-0066 Fax Number

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

Email Address: rlshapiro@rlshapirolaw.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (()

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280 N. COUNTY ROAD PB				
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) Ida Limited Lisbility Company)	., , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability Florida document number <u>L14000120689</u>	Company were filed on July 31, 2014	_ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the ab	breviation "Lil.C."		
Enter new principal offices address, if applicable:		3S 1		
(Principal office address MUST BE A STREET ADD	RESS)	P 05 FF		
Enter new mailing address, if applicable:		6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
(Mailing address MAY BE A POST OFFICE BOX)		<u>v</u> 👸		
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	istered office address on our records, <u>enter t</u> dress here:	he name of the new		
New Registered Office Address:				
CONTRACTOR OFFICE STATES	Enter Florida street address			
	, Florida			
	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

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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:

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<u>tle</u>	<u>Name</u>	Address	Type of Acti
IGR	Jay Brown	1030 Coral Way	Add
		Singer Island,FL 33	404 Remove
			□ Remove
			☐ Remove
 -			Add Studies Fill
			GEOGRAFIONS OF AND STATE OF ST
			□ Remove
			□ Remove

Robert Lee Shapiro

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Typed or printed name of signee

Filing Fee: \$25.00

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