

L14000153661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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N. Culligan: OCT - 8, 2014

LAW OFFICES  
**BLAXBERG, GRAYSON & KUKOFF, P. A.**

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Declan Mahoney  
Alexis Read  
Juan Carlos Alexander  
Lilian Rodriguez-Baz  
\*Also Licensed in New York  
\*\*Also Licensed in Texas

October 2, 2014

**VIA FEDEX**

Department of State  
Division of Corporations  
**Attn: Registration Section**  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

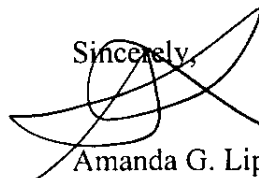
**Re: FLORIDAVEST-EUREKA COVE, LLC**  
**Document No.: L14000153661**

To Whom It May Concern:

In connection to the above-referenced entity, attached please find the Articles of Amendment of Articles of Organization of FLORIDAVEST-EUREKA COVE, LLC.

Also enclosed you will find a check in the amount of \$25.00 to pay for the required fee. If you have any questions, please contact our office.

Sincerely,



Amanda G. Lipsky, Esq.

Enclosures  
1561/morales/2593-248

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDAVEST-EUREKA COVE, 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:

I. Barry Blaxberg, Esquire

Name of Person

Blaxberg, Grayson & Kukoff, P.A.

Firm/Company

25 SE 2nd Avenue, Suite 730

Address

Miami, Florida 33131

City/State and Zip Code

barry.blaxberg@blaxgray.com

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

For further information concerning this matter, please call:

Maria Morales

Name of Person

at (

305 371-7979 ext. 320

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  
2014 OCT -3 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDAVEST-EUREKA COVE, 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 October 1, 2014 and assigned  
Florida document number L14000153661.

This amendment is submitted to amend the following:

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

FLORIDAVEST VENTURES-EUREKA COVE, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

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

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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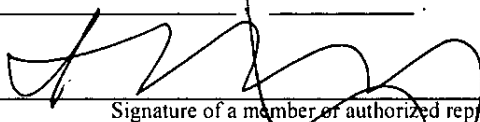
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date 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 October 2 2014



Signature of a member or authorized representative of a member

I. Barry Blaxberg, Esquire

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2014 OCT -3 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA